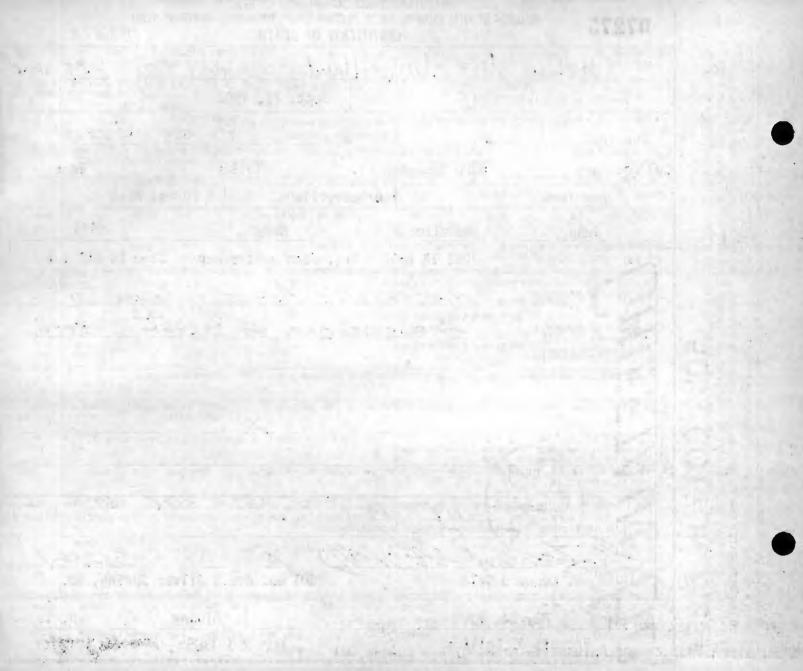
1	< 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
10	-		CERTIFICATE OF DEATH 07271
	death. neral and 2 death.		DECEASED-NAME Type or print) Helen Me Collough Alland 20. DATE OF DEATH Month 21 Day 19809 10:40%
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	within 2		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during rights) 12a. USUAL OCCUPATION (Kind of work done during rights) 12b. KIND OF BUSINESS OR during rights working life, even if retired.) 12b. KIND OF BUSINESS OR life of work done during rights working life, even if retired.) 12c. Wild of work done during rights working life, even if retired.) 12c. USUAL OCCUPATION (Kind of work done during rights) 12c. USUAL OCCUPATION (Kind of work done during rights) 12c. USUAL OCCUPATION (Kind of work done during rights)
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	artificate be executed within physician and completely from pleaser remove carban aval, and jorany event, with	14.	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last John - McCollough Mary Hill
	hysician pleas	16a	(WAS DECEASED EVER IN U.S.) ARMED FORCES? Yes, no Novunknown) (It yes give war ar dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Joan Weisgerber Same as #10 &11
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	the atterior		Conditions, if ony, which gove trise to immediate cause (0). DUE TO, OR AS A CONSEQUENCE OF Sylves, (b) Agency Carcinoma of Breast 34rs.
*	equires that the physician. signed by the burial-transit burial, cremat		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c).
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	ifficate de far u	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year [If either, notify medical examiner] P.M. 19
	JING PHYSICIAN: The law re by the haspital or attending liter this certificate has been be detached far use as the State Dept, af Health priar ta	ME	21d. INJURY OCCURRED While Not while at work at work at work
	OR ATTENDING PHYSICIAN: The law rebe retained by the haspital ar attending DIRECTOR: After this certificate has been ge 3 should be detached far use as the led with the State Dept. af Health priar ta		22a. I certify that (I) (this hespital) attended the deceased from 1967, to 5/2/2, 1967, that (I) (we) last saw the deceased alive an 1967, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above, (I) (we) (did not) view the body ofter death.
	R ATTI B retain RECTOR 3 shou d with t		226. SIGNATURE ANTENDING MED. STAFF DIRECTOR PHYS. STAFF PHYS. STAFF
	O HOSPITAL OR ATTENI Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the		22d. PHYSICIAN'S G. Lennard Gold 22a. Appress Ga. Ave., Silver Spring, Md.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital ar attento FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached far use as should be filed with the State Dept. af Health pr		Burial, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Albany N. Y.
	VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR Francis J. Collins 500 University Blvd. Silver Spring. Md. 250. RECU BY REGISTRAR S SIGNATURE DATE AY 2 3 969



1 110	Item 6 Film G 413 MARYLAND STATE DEPARTMENT OF HEALTH	
COD STATE	6/5/69 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEAT	1. DECEASED NAME First Middle Lost 20. DATE KNOWN Month Day	Jan House
MEALIN UST	(Type or Print)	Year 2b. HOUR
2 0 0 0 (M)	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 14 HRS. 2c. DATE PRONOUNCED DEAD	19 69 p A
del M3.	M W 19-18-1910 58 host Months DAYS HOURS MIN. Month 5 Day 29 Year	
- E - B	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Prince Ge	orge
ofter death 8. Give Edges along with for with the State leath.	10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done light street oddress) 120. Working life even if retired 1 INDUSTR	
- 3 m F /	130. USUAL RESIDENCE (Where deceased Eved, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER	G-ARAGE
vita or or	odmission) STATE Md. 3b. COUNTY Howard Laurel YES NO 1409 Scaggsville F	ld.
hours Item 1 Office Iond 2 after d	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
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d be executed within 24 d "pending" in pencil in Chief Medical Exominer's transit permit. File pages y event within 72 hours	[160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [11 yas give year or dotter of service] [16b. SOCIAL SECURITY NO. 17 (NFORMANT ADDRESS ADD	have
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is certificate sh te, writing the forwarded to te used as a bur removal, and in		D. AUTOPSY?
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EXAMINER: cute the cert oge 4 should r your files. Page 3 shau I, cremotion,	WHILE AT WORK AT WORK office building, etc.)	
Cecu Pog for y	22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection Inquiry, a	ınd in my apiniar
DEPUTY SICAL E	death resulted fram: Natural causes 🔀, Accident 🗌, Spicide 🔲, Hamicide 🔲, Undetermined manner 🗌	
pleose e l director retained L DIRECT	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
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necess the fur 5 may 0 FUNI Health	NAME (Type) / John Kehoe, M.D., Riverdale ADDRESS(Street, city, town, or county) 230. BURIAL (REMATION / 23b. DATE / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. on Town) (County)) (Stote)
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	24 INERAL DIRECTOR 250, REC'R BY REGISTRAR 5 1969 250, PEGISTRAR 5 1960 250, PEGISTRAR 5	meden.
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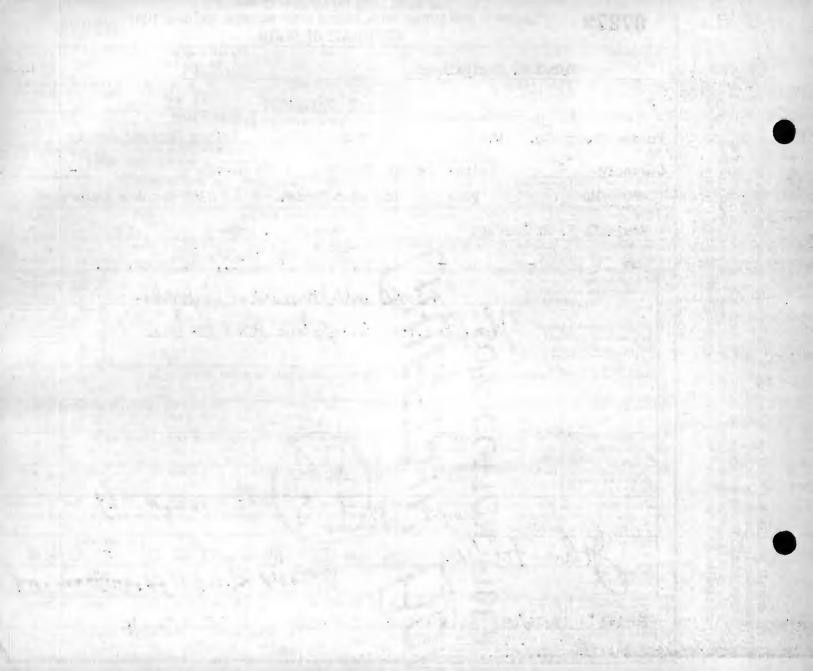
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	ate be executed within 'i	10.	Cheverly		giv	e street address)	Hospit	tal du	ing most of wo	orkina life, even i	f retired.)	TINDUSTRY	rary
	ed v	13a.	USUAL RESIDENCE (Who	ere decease	d lived, if instit	ution: Residence befor	e 13c. CITY OR	TOWN 13d. INSH	DE CITY LIMITS?	13e. STREET AND N	UMBER		,
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	requires that the death certificate be executed within 24 hor g physician. signed by the ottending physician and completely filled in e burial-transit permit. Then please remove carban papers, a burial, cremotion, or removal, and in any event, within 12 to burial, cremotion, or removal, and in any event, within 12 to burial.	3o. USUAL dmission)	RESIDENCE (Where deced	osed lived, if in	istitution: Kesidence D	erore ISC. CITY	UK 1UWN	YES NO _	13e. STREET	AND NUMBER HILLSIDE	ROAD	
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	th certific Jing phys Then p removal,	18. CA	AUSE OF DEATH (Enter a	inly one couse i	per line-for/o). (b). c	ind (c).)			- C-3-4		APPROXIMAT BETWEEN ONSE	E INTERVAL
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MAKTLAND STATE DEPARTMENT OF REALIF



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E e	rise to immediate couse (o stoting the underlying cou	11, 1	F Hemorrage		
5 6	last	(c)			
DOLL	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(0)	
0	NO				
oria	19a. DATE OF OPERATION 1	9b. CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
E X	RIFE		YES NO [
Hea	21a. ACCIDENT WAS UNDER	YING 21b. TIME OF INJURY DEATH HOUR A.M Month Day Yes	21c. HOW INJURY OCCURRED (En	ter nature of injury in Port 1 or Part 2,	Item 18)
5	를 (If either, notify medical exc	miner) P.M.	19		
	While Not while at work of wark		(ACTORY,) 21f LOCAT ON Street or R.F.D. M		Caunty State
Sta	22a. I certify that (1)	(this hospital) attended the deceo	sed from and that in (min) (and the	69, toMay 5 , 19	59 , that (I) (we) last
iie iie	causes stated abo	ive, (I) (we) (did) (did not) view the	189, and that in (my) (our) o e bady ofter death.	hunou neath accorded ou the de	ole ona nour and from the
VI TH	22b SIGNATURE			220	DATE SIGNED
S S			DEGREE PHYS	MED STAFF DIRECTOR PHYS M	lay 5, 1969
1 0	22d PHYSICIAN S NAME (Type)		22e ADDRESS		
0 0	NAME (Type) P.O	. Xavier.,M.D.	Prince Ge	orge's Gen. Hosp) .
5	23a BURIAL, CREMATION, 23	1 1 1 1 1	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
2	BREMOVAL (SOPCITY) 3	18/69 Hille	rest Cemeling	Comberland	- ma-
15/19/	24 FUNERAL DIRECTOR	ADDRE	11	BY REGISTRAR 25b REGISTRAR S	
202	JCARPElli C	While De Norme Clin	mberlano, Mo. DATE M	AY 9 1969 Jely	arles Judge



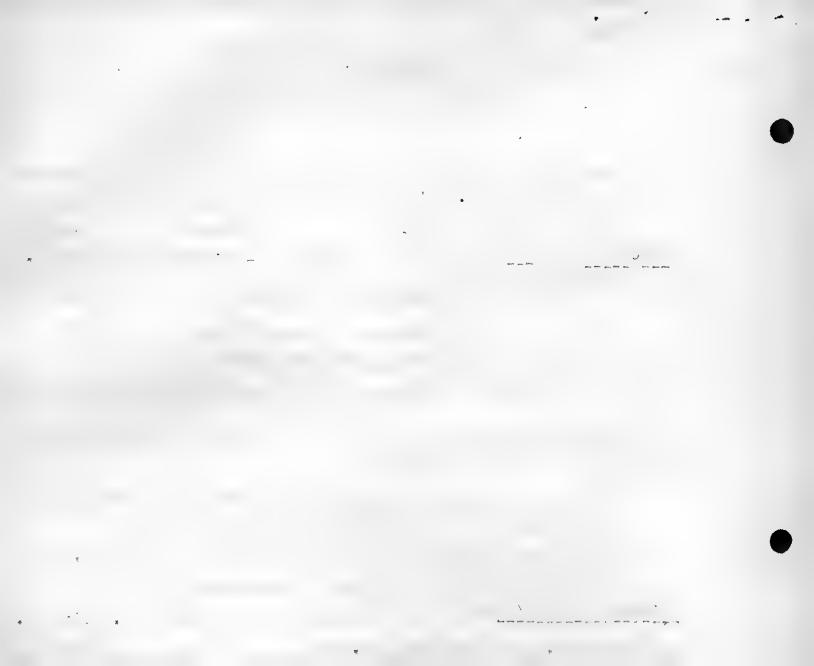
	ı	and their other and are		ND STATE DEPARTMENT OF F , 301 W. PRESTON STREET, BALTI		0 M 0 M 0
	П	07282		CERTIFICATE OF DEATH	MORE, MARTLAND 21201	07279
£ 25		DECEASED NAME First	M ddle	Lost	20. DATE OF DEATH	. 26. HOUR
er death. funeral f and 2 er death.		(Type or pant) Dor	is Lucille	Bartholemew	May Day	1969 5:05PM
fer fur	3 5		4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
The the state of t		F émale	White	10-25-10	58 " YRS	WONIEZ DASS HONKS WIN
4 haurs after m by the fu	70 (01	BIRTHPLACE (State or foreign intry) Iowa	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
hin 24 filled the X		CITY OR TOWN OF DEATH	U.S.A.		rince George's	Md
within within bon p / vith		Cheverly	Prince peor	ge's Gen. Hosp during mi	L OCCUPATION (Kind of work done ost of working life, even if retired) et. Secretary	12b. KIND OF BUSINESS OR INDUSTRY G. C. S.
se executed within 24 and completely filled remave carbon page in any event, with in the control of the control	13o odn	SIATE MD	ed lived, if notifution Residence before 13b COUNTY Prince George's	13c CITY OR TOWN 13d INSIDE CITY L		
nd co	14	FATHER S NAME First	M ddle Lost	IS. MOTHER'S MAIDEN NAME F	rst Middle	Lost
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Sicio Plea y an	160	WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown) (1 yes give wi	ED FORCES? 16b SOCIAL SECURITY		A\$12:63	6 Heming La.
phy phy ova	-	_no			artholomew Bow	ie. Md.
the semi-	Н	PART I DEATH WAS CALISED	y one couse per ne for (o), (b), and (c) BY:			BETWEEN ONSET AND DEATH
dea theng rmut r, ar	П	IMMEDIA	TE CAUSE (6) <u>Acute intr</u>	acerebral hemorrhag	e; left	
the a pe a	П	Conditions, if ony, which gove)	DUE TO, OR AS A CONSEQUENCE OF			
n. n. yy th ansi	П	nse to immed ofe couse (o), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	CA to liver and per	ATTOMETIM	
quires the physician. signed by burial-trar burial, cre	П	lost	(c)			
requir g phy n sign e buri a buri			DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(0)	
law ndin bee s th	FICAT ON	190. DATE OF OPERATION 19b. (ONDITION FOR WHICH OPERATION WAS P	ERFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The atte				YES NO	CAUSES OF DEATH?	
I ar u ar u deal	L CERT	210 ACCIDENT WAS UNDERLYING		21c HOW .NJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2, It	tem 18.)
pita prita af f	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) PM	9		
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifible by executed within 24 haurs after death. Page 4 may be retained by the haspital at attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon page as a shauld be filled with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within the hours offer death.	2	21d INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, F) OFFICE BUILDING, ETC	(CTORY.) 21f. LOCATION Street or R.F.D. No	City or Town	County Stote
JING by 1 fter fter be o	П	22a. I certify that (I) (the	s haspital attended the deceasive an	ed from, 19_@	J. 10 1000 0, 19	69, that (1) (we) last
R: A rhe the	Г	causes stated above	(I) (we) (did) (did nat) view the	19 <u>69</u> , and that in (my) (aur) apir bady after death.	nan death accurred an the dat	e an d hour and from the
Sho Strain	П	22b. SIGNATURE		42	22c D	ATE SIGNED
		o la	n voolule	DEGREE PHYS DI	ED. STAFF D 5	-9-1969
TO HOSPITAL Page 4 may O FUNERAL I director, pageshauld be fill	П	22d PHYSICIAN'S NAME (Type)	VS WODAK	M.D. 22e. ADDRESS GRA	ENBELT M	m/
UNE UNE	230	BURIAL CREMATION, 236 C	ATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
Pag Pag dire sho				nd Cemetery	Centerville App	
		FUNERAL DIRECTOR	ADDRESS	2So REC'D B'	registrar 25b registrars	
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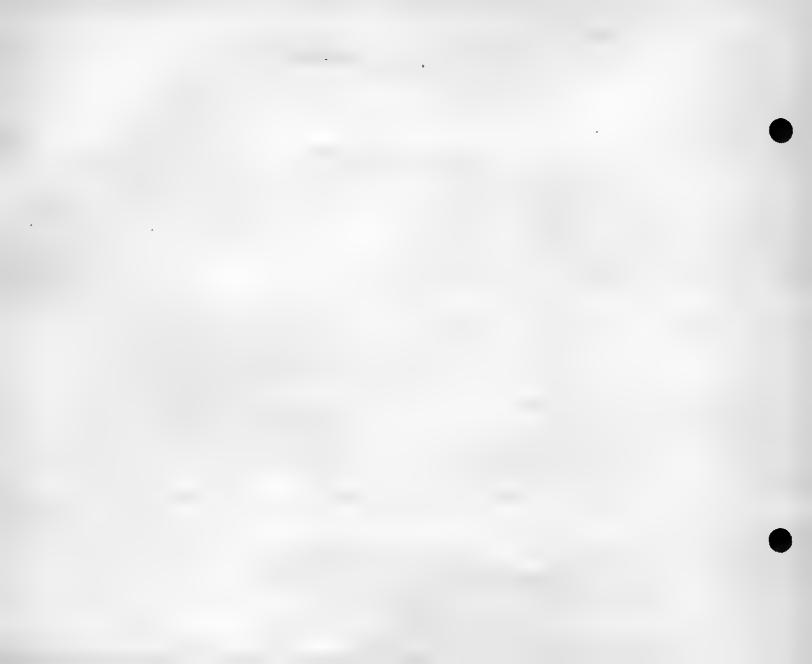
1 1	07283	MAKYLANL DIVISION OF VITAL RECORDS, :) STATE DEPARTMENT (BOT W. PRESTON STREET, B		01
X	Item6 FilmG412	5/12/69 kk (ERTIFICATE OF DEAT		07280
Ī	DECEASED NAME First (Type or print) Add	Middle D.	last B ock	20. DATE OF DEATH Month May	Day Yeor 2b. HOUR 1 1969 8: Q5M
3	Female	4 RACE White	S. DATE OF BIRTH 4/29/18	6. AGE (In year	'S IF UNDER 1 YEAR IF UNDER 24 HRS AND MONTHS DAYS HOURS MIN
70	BIRTHPLACE (Stote or foreign ountry) Indiana		8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Pr.Geo.	Md.
	Cheverly	11 NAME OF HOSPITAL OR INST	.Hosp.	USUAL OCCUPATION (Kind of working most of working life, even if reti Housowife	red.) INDUSTRY
00	mission) STATE TY Land	13b. FOUNTY Geo	Mt.Rainier YES K		nker Hill Rd.
	A. FATHER'S NAME First James	Middle Lost P. Rader		Alice	Schertzer
16	6a. WAS DECEASED EVER IN U.S. ARN Yes, no, or unknown) (It yes give w	IED FORCES? or or dates of service) 218-38-9		Bock- Ave. La	ess 4213- 72d ndover Hills.
	PART I. DEATH WAS CAUSED	y ane cause per line for (a) (b) and (c).) BY: TE CAUSE (o)	pl. 1 14-1	SON) M ART FAILURE	d. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I WEEK
	Conditions, if gray which gave a rise to immediate cause (a).	DUE TO, OR AS A CONSEQUENCE OF	ARY THRO	MAOSIS	I WEEK
	stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	O SCLERUTIC	HEARTS DISEA	ISE I MONTH.
		DITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS		
Charlet	4469 C	CONDITION FOR WHICH OPERATION WAS PER 140 LECYSTITIS	YES 🗀 N	CAUSES OF DEATH?	INGS CONSIDERED IN CERTIFYING
	G GONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month Doy Yeor ner) P.M. 19		(Enter nature of injury in Part 1 at P	
1	While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.			County Stote
	22a. I certify that (I) (the saw the deceased a causes stated abave	is haspital) attended the decease live an19 , (I) (we) (did) (did net) view the b	d from	apinian death accurred an t	he date and haur and fram the
-	22b SIGNATURE Dani	wedn Juga	DEGREE PHYS.	MED STAFF DIRECTOR PHYS.	22c. DATE SIGNED May 2, 1969
No. of Contracts	22d. PHYSICIAN'S NAME (Type) SAMUE	L J.N. SUGAR, M.D.		TERN AVE., WASH.	
		5/1969 Ft.Lir	emetery or crematory	23d LOCATION (City or Town Colman Ma	nor, Md.
2	Home Inc.	y's Funeral ADDR Mar	Rainier, 250 R		TRAR S SIGNATURE



	0 1				MARYLAND	STATE DEPARTMEN'	T OF HEALTH			
. *	X	/	0 = 0 0 1	DIVISION OF VI	TAL RECORDS, 30	1 W. PRESTON STREET	, BALTIMORE, MA	RYLAND 21201		
•	-		07284			RTIFICATE OF DE			07281	
= 2	e.		CEASED-NAME First		Middle	Lost	20. DATE OF	DEATH	V-1 & 1	2b. HOUR
	o o	{1	ype or print) A L	4	Annah	Brus		Month D	Sa Zeath	1055 AM
		3. SE	X	4. RACE	/ /-	S DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
requires that the death certificate be executed within 24 haurs after death a physician. I signed by the attending physician and completely filled in by the function of the physician places remove carbon papers. Pages 1 and control constitution and constitution of the physician of the physician and constitution and constitution are proposed to the physician and constitution are proposed to the physician are physician are physician are physician are proposed to the physician are physicia	IIS di		emale	DY.	Ve_	2-67		last birthday)	MONTHS DAYS	HOURS MIN
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hin 24 filled	Ē , ,	19 €	TY OR TOWN OF DEATH	II. NAME	OF HOSPITAL OR INSTITU of address)		12a. USUAL OCCUPATION during most of working			BUSINESS OR
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ted the color	eu //	13a. admi	USUAL RESIDENCE (Where decease	13b COUNTYP	Residence before 13	CITY OR TOWN 13d II		REET AND NUMBER		,
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be execute	5	14. F	ATHER'S NAME FIRST	Middle	Last	fs. MOTHER'S MAIDEN		M ddle	_	cast
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le law requires that the death certificate bettending physician. as been signed by the attending physicion as the burial-transit permit. Then please	5	100. Ye	WAS DECEASED EVER IN U.S ARM es Nor unknown) (If yes give we	ED_FOR(ES? [16]	SOCIAL SECURITY NO.	17 INFORMANT	ond- EFFE	Www Bran	ndywine	-Md-
phy en	PAG	hes	Company of the Company	-		ognies D	OHQ- BENE	N.A.		
F C E	5		18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	y ane cause per inte fi	at (a), (b), and (c))				BETWEEN O	MATE INTERVA. INSET AND DEATH
leaf end mit.	õ		IMMEDIA	TE CAUSE (o)	Claron	ec arr	vet.		1/m	5
att att	<u> </u>		**	DUE TO, OR AS A	CONSEQUENCE OF		1 0	4	1	
the the sit			Conditions, if ony, which gave a rise to immediate cause (a),	(b)	Coron	an low	boles	~	1 m	~
trong the first	e e		stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF	10			121	12-
rres /sici	ō,		iost	(1) (0)	ronan	y heart	dises			120
phy bring sign	ă		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO THE TERMINAL DIST	EASE OR CONDIT ON GIVE	N IN PART I(a)		
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The law requires the attending physician. has been signed by se as the burial-trail the physician of the purion of the physician of the physic	2	CERTIFICATION	19a. DATE OF OPERATION 719b. (OND.Tron For Which	OPERATION WAS PERFOR	1	Chileri	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING
E p e 8 c		E				YES	MU [
AN: of or cote			210. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH		IURY tanth Day Year	21c HOW INJURY OCCURRE	D (Enter noture of any	ry in Port 1 or Port 2	2, Item 18.)	
Pictor and the state of the sta	5	MEDICAL	(If either, notify medical exomin	er) P.M.	19					
TO HOSPITAL OR ATTENDING PHYSICIAN: The law Poge 4 moy be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate has bee director, page 3 should be detoched for use os the chall he fled with the State Death action at	cap.	- 1	21d. INJURY OCCURRED 21e. I While Nat while 1	PLACE OF INJURY (AT	HOME, FARM, STREET, FACTORY, ICE BUILDING, ETC	21f. LOCATION Street or	R F D No City	ar Town	County	Stote
N H C	<u> </u>		22a. I certify that (I) (thi	hospital) attend	ed the decensed t	10m (2 - 11	. 1968. ta	5/9 1	9 fret that	(I) (we) last
A Page	2	- 1	saw the deceased al	ive on 2/	19€	2°7 and that in (my) (c		occurred on the	date and hour	and from the
S of He care			causes stajed abave	(did) (did)	nat) view the bad	y after death.				
OR ATTENI be retained DIRECTOR: A	3	_	22b SIGNATURE	, 0	1	ATTENDING	MED O	STAFF 220	C DATE SIGNED	20/0
9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	로 /		lefter		apen N	DEGREE PHYS	DIRECTOR L	PHYS L	May 9,	1909
ITAI TOY TAI	<u> </u>		22d. PHYSICIAN'S NAME (Type)	EPED.	R. IA	2101 . Ta 22e. ADDRESS				
TO HOSPITAL OR ATTENI Poge 4 moy be retained TO FUNERAL DIRECTOR: A director, page 3 should should be flood with the	BIO		// - /	~~~			e/NIO	y mo		
P. F.U.	OLIG	230 I	RIPIA (REMATION) 23b. D	45/13/69		tery or crematory Lill Cemete:	23d 10(ATIO	N (City or Tawn)	(County)	(State)
5 5 .	\wedge	24	UMERAL DIRECTOR	No la glia	ADDRESS			land Pi	r. Geo!s	Md.
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7.2 Hours airer aean	3 SE	CEASED-NAME ype or print) X Male	First Ar i	lståde	Middle L		LBSt	20. DATE OF				
	70 F				110		Borelli	ZO. DATE OF	Mary	18°,	1969	25. HOUR 4:40
L	70 E			4. RACE Whi	te		9/8/92		6 AGE (n yeo 1955 birthday)	rs YRS	IF UNDER 1 YEAR MONTHS DAYS	HOURS M'N
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	odmi	ssion) STATE District o	f Col		on Residence before Of Columb:	ia Wash	ington YES 🔼	NO □ 352	REET AND NUMB 29 Hight		Drive,	S.E.
	14 F		irst .cchino	M ddle	Borelli		MOTHER'S MAIDEN NAME	Frances				lost ide ri
		WAS DECEASED EVER es, no, or unknown)			16b SOCIAL SECURITY	NO. 17 IN	Francis B	orelli	11011 ^{Add}	ess Senn	ington per Mar	Dr
			hich gove) couse (o), ing couse FICANT COND	(b)		NC COT RELATED TO	Present Branchi THE TERMINAL DISEASE OF		, ,			
ı	CERTIFICATION	190. DATE OF OPERATE			ICH OPERATION WAS PE		200 AUTOPSY? YES NONE NO	ZA CAUSES	OF DEATH?		ONSIDERED IN CE	RTIFYING
	MEDICAL	210 ACCIDENT WAS OF CONTRIBUTING OF CONTRIBUTING OF CITY OF COURT	CAUSE OF DEATH	HOUR A.M.	Month Doy Yeor	9	W INJURY OCCURRED (En	·	ry in Port 1 or F	ort 2, It	County	Stote
		While Not while of work of work 220. I certify the saw the de	ot (I) kisks ceased alired above,	Minimum at a garage (I) (size) (dud)		ed from <u>3.</u>		MED DIRECTOR	May 10 accurred on t	22c D May	69, that te and hour o	(I) (%2) los and fram th
	23o	BURIAL, CREMATION, PEMOXAL (Specify)	23b 0/ May	ATE y 13, 19		CEMETERY OR Lincol	REMATORY n Cemetery	23d LOCAT C	N (City or Town) urg	(County) Mary	(State)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07283 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First 2g DATE KNOWN 25 HOUR (Type or Print) Stanley Howard Bossert EST -Iny delay is 2, and 3 ta PM3. Page 7969 4: 2M State Department of DEATH MATED 3 IF LADER I YEAR IF UNDER 24 HRS 3 SEX S DATE OF BIRTH 6 AGE (In years 2c DATE PRONOUNCED DEAD 4 RACE 2d HOUR, 25 Aur., 1951, lost 6/19(0v) 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (Stote or foreign MARRIED NEVER MARR ED 9. COUNTY OF DEATH Frince George glang with farm Pa. WIDOWED [DIVORCED 24 Hours, after death ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) Prince George Fiosp during most of working life, even firetired) Cheverly INDUSTRY student N/A 130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER Office alo 13b COUNTY Prince George Bowie odmission) STATE YES 🔽 NO 🗌 121.18 Sandal and 2 14 FATHER'S NAME First Middle last IS MOTHER'S MAIDEN NAME First Middle haurs-John Bossert Lewis Lucretia Vincent be forwarded to the Chief Medical Examiner 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, na, ar unknawn) No None John L. Bossert. Same as # 13 APPROXIMATE INTERVAL event within 18 CAUSE OF DEATH (Enter any one cause per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Metastatic sarcoma IMMEDIATE CAUSE (o)_ VI'S. DUE TO, OR AS A CONSEQUENCE OF Candillans, if any, which gave Ewings streema 5 yrs. in any e rise to immediate couse (a), shauld the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause crematian, ar remayal, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES 🔲 NO To 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 21b. TIME OF INJURY Month, Day, Year 3 should HOUR A.M. PRIMARY OR CONTRIBUTING ICAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF IN. JRY (At home, form, street, 21f LOCATION Street or R.F.B. No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK 22a 1 certify that I took charge of the remains described above, held an Autopsy ... Inspection [4], Inquiry 🔀, and in my apin on the funeral director Natural causes . death resulted from: Accident Spicide 🗐 . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED SIGNATURE 5 21 69 DEPUTY MEDICAL EXAMINER John Kenod, M.D., **EXAMINER'S** ADDRESS(Street, city, town, or county) Prince Georges Co. NAME (Type) 23c NAME OF CEMETERY DR CREMATORY 230. BUR AL, CREMATION, 23b DATE 23d LOCATION (City or Town) (County) Arlington National Cem. | Arlington Arhington Va. 5/23/69 Arlingt 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b REGISTRARS S GNATURE 5130 Wisconsin Ave., N.W. Washington, D. C. Utharles & 1969 VP A15ME (5) 10M REV 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



1	ı	07288	MARYLAN	ID STATE DEPARTMENT OF	HEALTH	
- Pr-	T:	em5 FilmG412 5	/1.2 /60 1de	301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	TIMORE, MAKTLAND 212010	7285
. 2		ECEASED NAME First	A =	Lost	20 DATE OF DEATH	2b. HOUR
after death pe ^r tuneral ges 1 and 2 after death	(ype or print) FRAN		Bourell		3 Yeor/9692 40 M
fter (funss 1	3 8	X	4 RACE		29/1890 6 AGE (In years lost birthday)	F UNDER YEAR IF UNDER 24 HRS.
the the pages aft	L	MAle	W	17/11/19	79 YRS	WONTES DATS HOURS MIN,
nin 24 hour:	7o cau	BIRTHPLACE (State or foreign MASS.	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED TO NEVER MARRIED	9. COUNTY OF DEATH	
42 Bed 24	10	ITY OR TOWN OF DEATH	U.S. A.	WIDOWED DIVORCED STITUTION (If not in haspital 12a US	TRINCE GEOR	9 C Md. 12b KIND OF BUSINESS OR
low requires that the death certificate be executed within 24 hours after death nding physician. been signed by the attending physician and completely filled in by the funeral state burnal-transit permit. Then placescemove carbon agrees Poges I and is the burnal-transit permit. Then placescemove carbon agrees Poges I and is to burial, cremation, ar remayal, and in any event, with the 2 pours after death ior to burial, cremation, ar remayal, and in any event, with the 2 pours.		CLINTON	give street address)	View GARdens during	most of working life, even if ret red) arpenter	INDUSTRY Blder
scuted with completely yevent, with	13o. odn	USLAL RESIDENCE (Where deceos	ed lived, if institution. Residence before 13b. COUNTY	3c CITY OR TOWN 13d INSIDE CITY PC YES P	JMJS? 13e STREET AND NUMBER	1. 10- 55
No de de la companya	H	ATHERS NAME First	PG Middle Lost		- 000 / / /ACK)	And CT. SE
and and	14.	ATHERS NAME First FRANK	Middle BOURS	15. MOTHER'S MAIDEN NAME Unknown	rirsi miagle	Lost
cate be e sicipn and pleosever		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b SOCIAL SECURITY	NO. 17 INFORMANT	Address	
ertificate to physicipm en pleose aval, and		es, no, or unknown) (f yes give w	ar ar dates of service) 577-24-	9730 A Vincent Cook	t, Step-Son	
ng p The	_	18. CAUSE OF DEATH (Enter on	y one couse per line for (o), (b), and (c)	.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death cer attending p permit. The		PART I. DEATH WAS CAUSED IMMEDIA		e BKREST	•	FEW MINUTES.
he aff		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	VE HEART FA	1 / 13 100 100	3 DAYS.
s thot th cian. d by the l-tronsit cremotif		rise to immediate couse (a), ((b) C BY 7 2 3 7 7 DUE TO, OR AS A CONSEQUENCE OF		16485	70,12
quires that the death certifi physician. signed by the attending phy bural-tronsit permit. Then burial, cremotion, ar remaval		stoting the underlying couse lost	() ARTERIO	SCLERETIC HEA.		FEW YBRS.
equire physic signec burial burial		PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART 1(0)	
ding the property of the prope	ĕ.	CEREBRAL 190. DATE OF OPERATION 119b.			DAL IF HER THERE THERE CO	NE IO COCO IN CERTIFICATION
the lost bus be as	CERTIFICATION	190. DATE OF OPERATION 19D.	CONDITION FOR WHICH OPERATION WAS PE	PREFORMED 200. AUTOPSY? YES \to NO \{	206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
or o		210. ACCIDENT WAS UNDERLYIN		21c HOW INJURY OCCURRED (Ent	ter noture of injury in Port 1 or Part 2, It	em 18.)
ICIA pital pital riffice d fo of Ho	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	HOUR A.M. Manth Doy Year ner) P.M. 1	9		
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to	M.	21d. INJURY OCCURRED 21e While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET FA	CTORY.) 21f. LOCATION Street or R.F.D. N	c. City of Town	County State
ING by th ter t		22a. I certify that (I) (th	s haspital) attended the deceas	ed from 7 - 16 - 68 , 19	68, ta 5-3, 19	69 , that (I) (we) last
END led k		saw the deceased a	ive on 5 - 3 1	ed from <u>7 - 16 - 68</u> , 19 1969, and that in (my) (our) o bady after death.	pinion death accurred on the dot	e and hour and from the
ATTI Shar iffh 1		22b. SIGNATURE			22c. D	ATE SIGNED
OR be re 3 ed w		// //	am, m. 2	DEGREE PHYS	TAPE - CTAPE -	7-69
TO HOSPITAL OR ATTENS Poge 4 may be retained TO FUNERAL DIRECTOR: A director, poge 3 should should be filed with the		22d. PHYSICIAN S NAME (Type) REZ	A MOSTAAN	, m - 22e. ADDRESS	Are. SE. WAS	HIXLTON BS
OSP e 4 UNE	230	BURIAL, CREMATION, 23b		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
Pog O Fi dire	1			ington National	Suitland, Mary	
VR A15 40	24	CHARDAL DIDC/TOD	ANNOCCO	Den Beein	DV DECISTRAD DC DECISTRADE C	IGNATURE
45M - 1769	1	303 Suitland R	d. S.E., Suitland,	Md. 20023 WAY	8 1969 Charles	Judge :



	1			D STATE DEPARTMENT		
114		07289			BALTIMORE, MARYLAND 21201	07286
7 -3	L	UTAUU		CERTIFICATE OF DEA	TH	
· = 2 ·		CEASED NAME First	Middle	Lost	20 DATE OF DEATH	26. HOUR
er death. funeral : 1 and 2	\tau_1	ANNB HANB	K.	BRAMSCH.	MAY Month 200	1 1 1 1 2 Seot 3.00 DW
To Ta	3. SE		4 PACE	S DATE OF BIRTH	6 AGE (In years lost birthday)	1F JHDER I YEAR IF UNDER 24 HRS.
haurs after n by the f	15	SIAMS	C'AUCASIAN	2-21-	(lost birthday) YRS.	MONTHS DAYS HOURS MIN
		IRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
filled in papers:	coun	NEW JERSEY	IUS. A	WIDOWED DIVORCED	TRINCE SEOR	Md See
n 2 illed pap	10 C	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN		JSUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
vithin Son p	15	2/1/18	give street address	dur	ing most of work no life, even if refired)	INDUSTRY
oletely carban	13a	USUA. RESIDENCE (Where deceas	sed lived, if institution: Residence before	13c CITY OR TOWN 13d INSID	E CITY LIMITS? 13e STREET AND NUMBER	-
ecuted with campletely rave carbary y event.	odmi	ssion) STATE	13b. (OUNTY)	Biotestick YES X	1 NO 17215 Fost	ce 54.
N N N N N N N N N N N N N N N N N N N	14. F	ATHER'S NAME First	Mi dd le Last	15 MOTHER'S MAIDEN N	AME First Middle	Lost
ertificate be- physician on ten please-re toval, and in		Willian	m H. Karrer	Elizab	eth Hughes	
tion and and	160	WAS DECEASED EVER IN L.S. ARA		17_INFORMANT	_ 7237kd/ms/	almore Drive
ifred al,	Y	es, never upknown) (fives given	vot or dates of service)	George H.	Braasch. Battle	Creek, l'ich.
cert p pt her nov		IR CALISE OF DEATH (Enter on	ly ane couse per line for (a), (b), and (c)	1	49017	APPROXIMATE INTERVAL
	ш	PART I. DEATH WAS CAUSEI	D BY			BETWEEN ONSET AND DEATH
he death attendir permit.	П	11/72 IMMEDIA	ATE CAUSE (a)			
the a	Н	Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	rang (usuf	cenny	
the last	П	rise to immediate couse (a),	DUE TO, OR AS A CONSEQUENCE OF			
rending PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death ined by the haspital ar attending physician. OR: After this certificate has been signed by the attending physician and campletely filled in by the funeral auld be detached for use as the burial-transit permit. Then please emake carban papers. Pages I and 2 the State Liept, af Health priar to burial, cremation, ar removal, and in any event, with in 77 hours alter death.		stating the underlying couse lost.	de 10, or as a consequence or	interotre he	eart disease	
hys hys gene uria	П	PART 2 OTHER SIGNIFICANT COS	NDITIONS CONTRIBUTING TO DEATH BULL	OT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART Hel	
red purple purpl	$ \cdot $	Right la	1 , 1	meunonia	Cereprae OV	homuses
having page 1	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
he atte	18 18			YES [T]	NO [7] CAUSES OF DEATH?	
t a figure 4	8	210. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY	21c HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port 2,	Item 1B.)
F Sold F	ਤੀ	OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Manth Day Year ner) P.M. 19			
MSI asp cert cert hed of: a	9	ALL MANIEN ACCURATE LAS	PLACE OF INJURY (AT HOME, FARM, STREET, FAI		.D Na. City or Town	County State
PH.		While Not white of work	OFFICE BUILDING, ETC.			
NG the derivate of the derivat		OF MORE DIMORE	is hospital) attended the decease	od from & . Z.	1969 to 5 20. 10	9 64 , that (I) (we) last
Aft A St	ш	saw the deceased a	is hospital ottended the decease live on 5 · (9 · 6 · 1	9 , and that in (my) (ou	r) opinian death occurred on the d	
aule aule	П	causes stated abave	e, (I) (we) (did) (did not) view the	bady after death.	· · · · · · · · · · · · · · · · · · ·	
A ST		226 SIGNATURE	h 3	ATTENDING 60	- MACD - CTACE	DATE SIGNED
OR be r		Chen	18 Dans	DEGREE PHYS	DIRECTOR L PHYS L /V	4420-1969
Al Al Page	ш	22d. PHYSICIAN'S NAME (Type) OLIV	ER . B. BOND		1420 MARLBORD	VIKE
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Lept. af Health priar to					RESTUILLE MD	20028
Hour hour	23a	BURIAL, CREMENON 236.		CEMETERY OR CREMATORY	- 23d. ¿OCAT ON (City or Town)	(County) (Stote)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Ma:		Hill Cemetery		
VR AIS (N)		FUNERAL DIRECTOR	ADDRESS 1661-Gd. Hope R	d . SE. 250 R	TAY 2 3 1938 FCLO	3 SIGNATURE
30M REV. 1/684	5.	immons Bros.	TO T-da Hobe H	d SEh . DC DATE	2 3 1333 1	May Junger





. 1		07291	BUJISION OF M			KIMENI UF HEAL			
1		Item5 FilmGlil2	5/9/69 1-1				RE, MARYLAND 21201	02000	
					ERTIFICATE			07288	_
ond 2 deoth.		CEASED-NAME First ype or print)	ı	Middle	Last		. DATE OF DEATH Month Do	25. HOUR	ţ
ŀ	3. SE		4. RACE			(nn	may 2	1169	1
	-	P		c 3	S. DATE	of July 11, 1	891 6. AGE (lar years last bethagy)	IF UNDER 1 YEAR IF UNDER 24 HR	S. N
H		CALLE IRTHPLACE (State or foreign	76. CITIZEN OF WHAT		74.6	X	Ø 77 35 YRS.		_
	(pgr	fry) a		COUNTRY?		(MINKKILD []	OUNTY OF DEATH		
ŀ		ITY OR TOWN OF DEATH	USA	E OE HOSPITAL OP INS	WIDOWED [2] iTITUTION (If not in hasp	DIVORCED 120 USUAL OC	Prince GE CUPATION (Kind of work done		Mi
	port.	prestviile	give-s)re	eet address)		during most of	warking life, even fretired.)		
ł	13o	USUAL RESIDENCE (Where deced		Residence before	13c CITY/OR TOWN	13d. INSIDE CITY LIMITS?	13e, STREET AND NUMBER		_
	odm	STATE (noise	J.3b. COUNTY	The state of the s	Bay Ridge	YES NO	762-44+	4 54.	
ı	14. F	ATHER'S NAME First	Middle	Lost		L'S MAIDEN NAME First	Middle	Lost	Ī
1		gar unknown				oni Sklarz			
1		WAS DECEASED EVER IN U.S. AR. as, na, or unknown) (If yes give	MED FORCES? 16	66 SOCIAL SECURITY I	10. 17 INFORMAN	a Toni Brani	Address		
ı	_	no			21'	Hanover St	n. Daughter	_Kg	
permar ingn precion or removel, or		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one couse per line	for (o), (b), and (c).	4.0	- 4	01/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
ı		Int. IMMEDI	ATE CAUSE (G)	tastal	10 LARC	120mg	ST. Lung	IYR	
- 1		Cond t'ans, if any, which gave		A CONSEQUENCE OF		In.L	Range	0 1/-	
1		tise to mmed ofe cause (a)	(b) X	ARCIN	omh	KT,	UKEHST.	7 YRS.	
		stoting the underlying cause lost.	DUE TO, OR AS	A CONSEQUENCE OF					
1		PART 2 OTHER SIGNIFICANT CO	(<)	IC TO DEATH BUT NO	T DELATED TO THE TED	MINAL DISEASE OPCONDIT	TION CIVEN IN PART 3(a)		=
ł		DanVin	5 A . C . C	LEANS	o kedalo lo lile lek	MININE DISEASE OR CONDIT	TON CIVEN IN TAKE I(U)		
ı	TION	19a DATE OF OPERAT ON 19b	CONDITION FOR WHICH	OPERATION WAS PE	REFORMED 20g.	AUTOPSY?	206 IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING	-
Ź	CERTIFICATION					S NO IX	CAUSES OF DEATH?		
		210. ACC DENT WAS UNDERLYI					re of injury in Port 1 or Port 2,	, Item 18.)	-
	DICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	Manth Doy Year 15					
1	ED.	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT		TORY.) 21f LOCATION	Street ar R.F.D. Na	City of Tawn	County State	_
director, page 3 should be detached for u should be filed with the State Dept. of Heol		at work at wark							
		220. I certify that (I) (H	is hespital) attend	ded the deceose	d from Oct.	5 , 1967	, to MAY 3 , 19	9 <u>69</u> , that (I) (we) to	a:
		sow the deceased couses stoted obov	e (1) (we) (did (did	id not) view the	7 <u>to 7</u> , and that () body ofter death	n (my) (aur) opinion	death accurred on the d	lote and hour and fram t	h
		22b SIGNATURE	7,17 (3) (6)	1)			22c	DATE SIGNED	-
			1776	Cer M	O DEGREE PHY	ENDING 📈 MED. (S. DIRECTO	OR PHYS.	MAY 2, 1969	
		22d. PHYSICIAN'S	11-10	0	22e	ADDRESS //	0	- (444) 22	
		NAME (Type) WA	LIFE	0.21		400 MARLA	ORD PIKE SIL	= WASH. DC.	
	23a	BURIAL, CREMATION, 236	DATE	3	CEMETERY OR CREMATO		LOCATION (City or Town)	(Caunty) (State)	
		10 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5/5/69		od Park Ce		lew York City.		
		FUNERAL DIRECTOR Robert OS Suitland Ro				25a, RECD BY REC	5 1969 EGISTRAR	S SIGNATURE	
1	4	UP DELETE ICE NO	Ic . D. De . DI	II OTHER	illee ZUUZ 1	DARFINI	W IOUG A	Court Stand Shares	



1 4		DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE, MARYLAND 21201	
THE	MEDICAL EXAMINER'S		7289
Ţ. 1.	DECEASED-NAME (Type or Print) Lücille M.ddle	Brefit 20. DATE KNOWN X Month I DEATH MATED	7 69 1:25 _M
3.	SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In Page 1) 1910	years J. F. UNDER I. YEAR IF JNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS DATS HOURS M.N. Month 5 Day7	Yeor 1969 1:25 p. M
co	o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 Duntry) N. C. U.S.A.	MARRIED NEVER MARRIED OF COUNTY OF DEATH George WIDOWED DIVORCED Prince George	M.d.
	Glendale 11. NAME OF HOSPITA, OR INSTIT	dale Hosp during most of working the even if retired)	2b. KIND OF BUSINESS OR NDUSTRY
84/	30 USUAL RES DENCE (Where deceased lived, if institut on Residence before 13t odmiss on) STATE DC 13b COUNWashington	YES€ NO 7135 8th St	., N.W.
	1. FATHER'S NAME First Middle Lost Boyd Oldham	IS. MOTHER'S MAIDEN NAME First Middle Mattie	Roberts
	o WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yos give war or dates of service) unknown	17, INFORMANT ADDRESS Decedent	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BYMMEDIATE CAUSE (a)	Acute renal failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF CL	nd Pulmonary edema	12 hrs
	rise to immediate couse (o), stating the underlying couse last.	Burns-65-70% body surface	30 hrs
	I Hypertensive arteriosc	LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (Recurre lerotic heart disease yrs.	nt CVA's
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH WAS PERFORMED?	CH OPERATION	20. AUTOPSY? YES NO TO
MFDICAL CFR		9 Bed clothing caught fire f	
WE	21d INJURY OCCURRED 21e PLACE OF IN.JRY (At home, form, street, foctory office builting etc.) AT WORK AT WORK	21f LOCATION Street or R.F.D. No. (ity or Town Glendale Prin	County Stote Ce GeorgeMd
,	220. I certify that I took charge of the remains described death resulted from. Natural causes , Accidental		
	ACTUAL A CATUAL	CHIEF MEDICAL EXAMINER AD ASSISTANT MEDICAL EXAMINER 22b. DATE SI	~
2	EXAMINER'S John Kehoe, M.D., Ri.	M,U,	- 69
2:	PENNOVIALISTANCE OF A PARTY OF A	METERY OR (REMATORY 23s LOCATION (City or Town) (rmony Landover, Marylai	(ounty) (State)
(5) 4 1		250. REC D BY REGISTRAR 256. REGISTRAR S S	
1/68		The test of 1000	

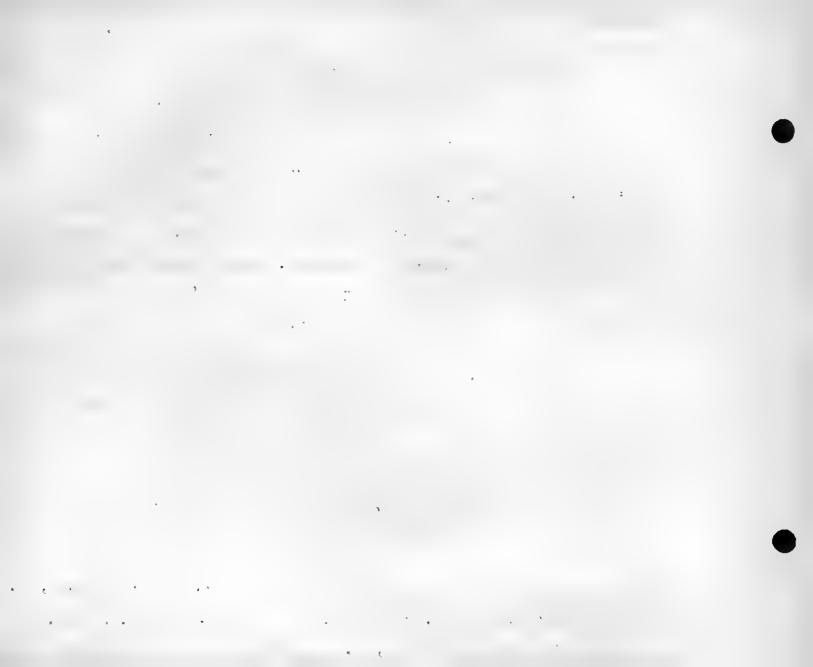


1		07293	DIVISION OF V	ITAL RECORDS, :	301 W. PRES	PARTMENT OF TON STREET, BAI 'E OF DEATH	LTIMORE,	H MARYLAND 212	201 (7290	
leath. eral pnd 2 seath.		[vpe or print]	rst	Middle		Lost	2a. D.	MOST Month	n. n.	Vecto	2b. HOUR
deat		Mary			Brown			May Month	rt Dak	Ye c 9	5:45a _M
	3 5	14	4. RACE	TRO	S. 0	09-09-14		6 AGE (In year last birth bay	irs (HOURS MIN
_ s	70	Female BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT	7 -	8		o cousi	TY OF DEATH	YRS.		
4 ho 1 in the	cau	otry) S.C.	1) . S . (A	WIDOWED X	NEVER MARRIED		rince Geo.			44.1
filled in paper.	10.	CITY OR TOWN OF DEATH	11 NAM	E OF HOSPITAL OR INST	ITUTION (If not in	hospital 120 US	SUAL OCCUP	ATION (Kind of wark	done	12b KIND OF B	LSINESS OR
ed within pletely factoring carban eqt, with	_	Cheverly	P. P.	et address) rince Geo	. Gen. F	losp.	mast at wa	rking fe, even fret	ired)	INDUSTRY	
cuted with ampletely type carban levent, wit	13a adm	USJA RES DENCE (Where dece	eased ved if institution 136 (OUNTY	Res dence before	13c CITY OR TOW Chapel C	VN 13d #NSIDE CT	Y L M TS7	3e. STREET AND NUME 5906 Fairt	BER	Gardens	2
e execute	14	FATHER'S NAME First	Middle	Last		THER'S MA.DEN NAME		Mic		our dem	Lost
a Lat		DECRASED	1		1	Decease	/	F1.V	- 470		6031
sicia pledia		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	Sb. SOCIAL SECURITY NO	4.1	MANT			ress /	tillside	, MU.
phy en aval					810	URR C. E	Row	N-5904	- B o		Aue
ing Ingrem		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	KED RV	111111111111111111111111111111111111111						BETWEEN ONS	TE INTERVAL TE AND DEATH
dea rmit mit	J.,	IMME	DIATE CAUSE (o)								
the r pe rtron		Condit ons, if any, which gav				ive heart	fail	ure			
hat 1. y th unsid emo		rise to immediate cause (a)), (b)	remia Cl: A CONSEQUENCE OF	inical						
es the sicion of the side of t		stoting the underlying coust last	(c)	s consequence of							
equires that the death certificate be exert physician. Signed by the attending physiciap and computation then please remoburial-transit permit. Then please remoburial, cremation, ar remayal, and thany		PART 2. OTHER SIGNIFICANT C		G TO DEATH BUT NOT	RELATED TO THE	TERMINAL DISEASE OF	R CONDITION	GIVEN IN PART 1(a)			
the law re attending has been se as the th priar ta	Š	19a. DATE OF OPERATION 19	b. Condition for which	ODED ATION WAS DEDO	ORUES L	O ALITOPINO					
atten atten nas h e as	CERTIFICATION	170. DATE OF OPERATION 17	D. CONDITION FOR WHICH	OPERATION WAS PERS	UKWED	20a. AUTOPSY? YES 🙀 NO [Ob IF YES, WERE FIND CAUSES OF DEATH?	RNGS EO	NSIDERED IN CER	TIFYING
ar or	GERT	21a. ACCIDENT WAS JNDERLY	YING 21b TIME OF IN	JURY	21c. HOW II	AJURY OCCURRED (En		Finance in Part 1 or F	Part 2 If	(Ri me	
ICIAN: The law rapidal ar attending rificate has been of for use as the af Health priar to	MEDICA.	OR CONTRIBUTING CAUSE OF DI (If either, natify medical exar	HOUR A.M (miner) P.M.	Month Day Year		(4			,	···· +• }	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTION: After this certificate has been signed by the attending physician—and completely filled in by the Dogest land 2 director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dilpt. at Health priar to burial, cremation, ar remayal, and thankevent, within 72 hours the carbon pages.	WE	21d. INJURY OCCURRED 21 While Nat while at work of wark	ie. PLACE OF INJURY (AT	HOME, FARM, STREET, FACTO FICE BUILDING, ETC.		DN Street or RFD N		City or Town		County	Stote
DING by th Affer the be de State		22o. I certify that (I) (I sow the deceased	this haspital) attend	led the deceosed	from Apr	1 24 , 19	69 , to	May 4	_, 19_	69_, that (I) (we) lost
OR ATTENDING De retained by the IRECTER: After it also a should be ded with the State		sow the deceosed couses stoted obo	olive on <u>May</u> ve, (I) (we) (dil) (di	d not) view the bo	69_, and the	ot in (my) (our) o _l h	pinion de	oth occurred on t	he dot	e and hour o	nd from the
R ATTENI retained SECTIR: A 3 shauld with the		22b. SIGNATURE			24) 51101 4001				22c. D	ATE SIGNED	
OR be r			4000		DEGREE	ATTENDING PHYS.	MED DIRECTOR	STAFF N	Ma	ay 5, 19	369
O HOSPITAL OI Page 4 may be O FUNERAL DIR director, page '		22d. PHYS CIAN'S NAME (Type)				22e ADDRESS					
OSP 9 4 r INER ctor, Uld t	20.4	5.V						's Gen. Ho			
TO HOSPITAL Page 4 may TO FUNERAL I director, pag		REMOVAL (Specify)	-/10/69	17ARma			Buch	Miller net	- Tal	(Coupty)	(State)
VR A15 VA		FUNERAL DIRECTOR	march	ADDRESS	C/25 DON	Acer 250. RECD	BY REGISTA	S69 REGIS	JAAR S S	IGNATURE.	se.

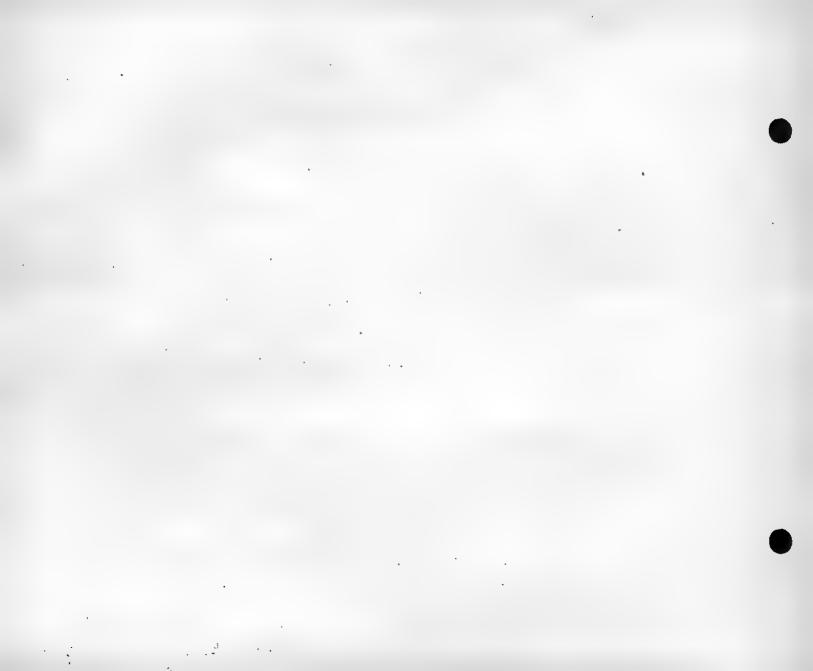


		17294	DIVISION OF	VITAL RECORDS,	301 W.	PRESTON STREET, BALTI	MORE, MAR	YLAND 21201		
				(CERTIFI	CATE OF DEATH			07291	
	I DE	CEASED-NAME First		Middle		Lost	2o. DATE OF	DEATH		2b. HOUR
	Į,	ype or print) Patr	ick y	John		Brown	M		°, 196°°	10:30A
	3. SE		4 RACE			S. DATE OF BIRTH		6. AGE (In years rast birthday)	IF UNDER I YEAR MONTHS DAYS	F JNDER 24 HRS. HOURS MIN.
		Male		ite		May 7, 1969		YR:		MUDICS MIN.
	7o. E	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIEI	MEASY MONKIED	9 COUNTY OF			
4		Maryland Maryland	U.S.A.		WIDOWE			nce Geor		Md
1		TY OR TOWN OF DEATH Cheverly	9 19 51		ge's (Gen. Hosp. during mo	st of work ng i	Kind of work done to, even if retired.	125 KIND OF INDUSTRY	BUSINESS OR
,	13o.	USUAL RESIDENCE (Where deceases	ed lived, if instituted	on Residence before	13c CITY C			EET AND NUMBER		
		Maryland	13b. COUNTY			ensburg YES NO	302	4 Townse	nd Way	
	14 F	ATHER S NAME First	Middle	Last —		IS MOTHER'S MAIDEN NAME FI	rst	Middle		Lost
		Kenneth	D.	Brown		Deborah		К.	Adams	
	10a. Y	WAS DECEASED EVER IN U.S. ARA es, no. or unknown) (If yes give w	var ar dates of service)	166. SOCIAL SECURITY I		INFORMANT D		Address	100	
	=			none		Kenneth D. Bro	177	same as #	APPROXIM	KATE INTERVAL
		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	ty one cause per lini O BY.	e for (o), (b), ond (c).) naturi	ty, 2200 gram	c		BETWEEN O	SET AND DEATH
			ATE CAUSE (a)		ila ca E	cy, 2200 gram	•			
		Cond tions, if ony, which gave)	DUE TO, OR AS	A CONSEQUENCE OF Atal	Lectas	is of Lungs				
		nse ta immediate couse (a), ((b)	A CONSEQUENCE OF		70.60				
		stating the underlying couse last.	(c)	A CONSEQUENCE OF						
		PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN	IN PART 1(a)		
	26									
,	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		YES, WERE FINDINGS	CONSIDERED IN C	RTIFYING
1	IIII					YES NO		OF DEATH?		
		21g. ACCIDENT WAS UNDERLYING		INJURY Month Day Year	21c.	HOW INJURY OCCURRED (Enter	noture at injury	r in Part 1 ar Port :	?, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ner) P.M.	19						
		21d INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f	LOCATION Street or R.F.D. No.	City	or Town	County	State
		22g Leartify that (X/+h	is hasnitall atta	nded the darage	ad from	May 7 106	Q to M	av 10 i	9 69 that	AH (wa) lac
		22a. I certify that (15 (th saw the deceased a causes stated abave	live anMa	y 10,	9 69 a	nd that in Kny (aur) apı	nian death a	ccurred on the	date and havr	and from the
		causes stated abave	e, (14): (we) (did) (did not) view the	body afte	death.				
		22b. SIGNATURE						STAFE 22	c. DATE SIGNED	
		22d. PHYSICIAN'S			DE	KEE PHAZ 🖂 DI	ED. RECTOR	STAFF PHYS	May 10	1965
		22d. PHISEIAN'S NAME (Type)	6 01.	. 17		22e. ADDRESS Prince Geor	re Gen	Hognita	l-Chaver	Tor Mel.
		BURIAL CREMATION. 23b	G Clar	23c NAME OF	CCHETCHY O			(City or Town)		
	230		/12/69			Cemetery		(City or Town) Manor P	(County)	(State)
3	_	FUNERAL DIRECTOR	(14) 07	ADDRESS	псощ	2So. REC'D BY		25b REGISTRAI	S SIGNATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH



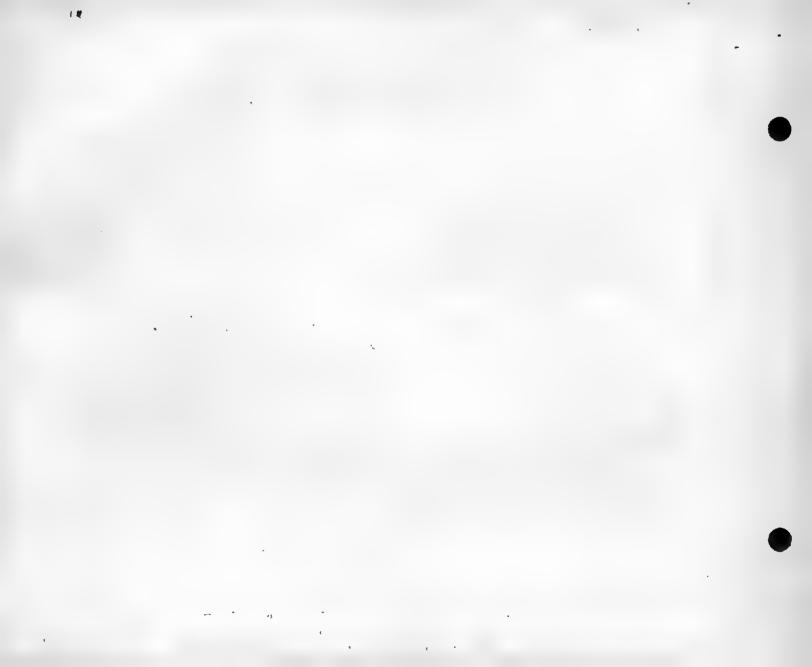
•	MARILAND STATE DEFARIMENT OF REALIN
	07295 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07292
	CERTIFICATE OF DEATH
4 _ 2 4	1 DECEASED NAME First Middle Lost 20 DATE OF DEATH 26 HOUR
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pe od	Isiah Brown Louise Jones
ficate be ysician c please	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Gen'l Del. way
is yet	Yes no orangement (If yes give war or dates of service
ph ph low	NO MRS. GWENDOLYN FORD. Upper MARIBORE MA
	PART 1. DEATH WAS CAUSED BY:
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The law requires that the death certificate be executed within 24 haurs after death, attending physician. The seen signed by the attending physician and completely filled in by the funeral se as the burial-transit permit. Then please female, cothon papers. These is and 2 he prior to burial, crematian, ar removal, and intany event, within 7 haurs after death.	- The state of the
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ing sen the	N.
The law attendir has bee se as the th prior!	190. DATE OF OPERATION 191. CONDITION FOR WHICH OPERATION WAS PERFORMED 2D0. AUTOPSY? 2D1. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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프로 윤호품	S CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
P_YIICAU: e haspiral ar his certificate stached far of Dept of Heal	OR CONTRIBUT NG CAUSE OF DEATH (If either, notify medical examiner) P.M. 19 214 INVIEW OF CHIPPED 215 PLACE OF MINION CAT HOME FARM STORY ACCOUNTY OF A STORY OF
ha ha ach	21d INJURY OCCURRED VALUE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
the det	at work of work
ATENDINE stained by It stained by It should be d	220. I certify that (I) (this haspital) attended the deceased from 2/24, 1960, to 3/12, 1969, that (I) (we) lost
S d d d d d d d d d d d d d d d d d d d	sow the deceased glive an 3/12 19 97 and that in (my four) aninian death occurred on the date and hour and from the
a Britis & State	causes stoted obave, (1) (we) (did) (did not) view the body after death.
A P P P P P P P P P P P P P P P P P P P	22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
DIRE de 3	Ille Taben REGREE PHYS DIRECTOR DIRECTOR PHYS DISTAFF DISTAFF
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A may be retained by the haspital or VERAL DIRECTOR: After this certificate for, page 3 shauld be detached far uld be filed with the State Dept of Heal	NAME (Type) FILE DR I SPIN (ILLINIO)
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ro nos Page 4 ro Funi directo	230 OTTAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d QCAT ON (City or Joyn) (County) (State)
2-2	HILLIAN THE TOTAL TOTAL FAIT GARDEN COM. CITALON-Pri Ges. 1/101
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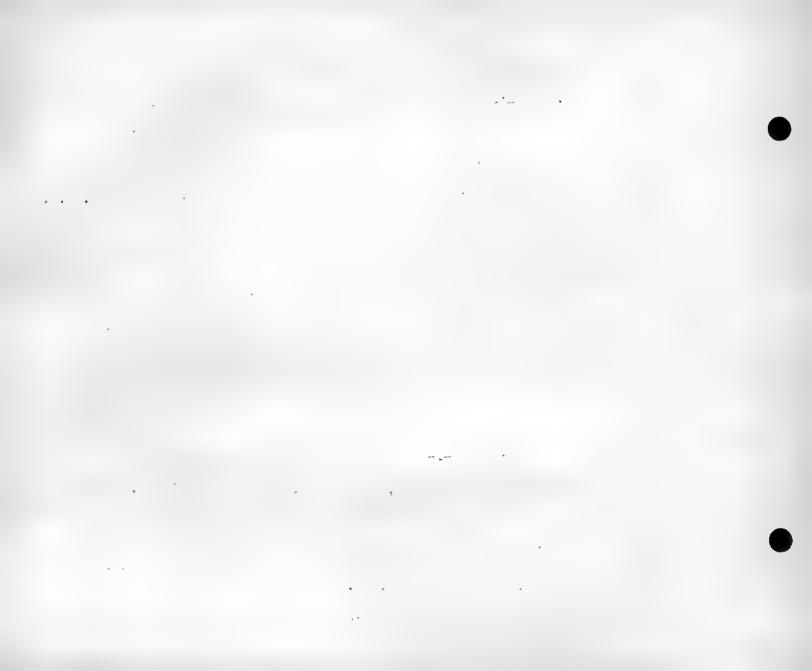
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		07297 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	907
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VR A15 (4) 45M 1/69	S	immons Brothers 1661-Gd. Hope Rd. SE DATE 9 1969 Charles	3 Judge



			MAKILAND STATE DEPARTMENT OF HEALTH	
	- CHEST CO.	-	07298 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
,			CERTIFICATE OF DEATH	07295
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p PHYS the has this ce detache e Dept			21d INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) OFFICE BUILDING, ETC. 21f LOCATION Street or R.F.D. No. City or Town	County State
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TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the	ę.		22d. PHYSICIAN'S NAME (Type) Ruth K. Jakoby 22e ADDRESS 6401 Landover Rd. Cheverly,	
HOS age 4 FUN lirecte		23o	BURIAL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d JOCATION (City or Town)	(County) (State)
5-5-8		RE	MOVAL-BURIAL 5-20-269 LINCOLN PARK CEMETERY WARWICK, RHODE	
VR A15 45M I	[4] 69	SC	FUNERAL DIRECTOR BROS., 6010 REISTERSTOWN ROAD 250. REC'D BY REGISTRAR 250 REGISTRAR'S DAMAY 2 0 1969 FLUERS	SIGNATURE



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E 3 E 3	-	dm-ssion) STATE strict			Mashing		YES NO	662 Jeffe	erson	St. N.	E
haurs a litem 18. Office of land2 w	14.	FATHER'S NAME First	Middl	6	Lost	15. MOTHER 5 MAII	DEN NAME First	M	liddle		Lost
ncil n Item I niner's Office pages Lands	160	Dock. WAS DECEASED EVER IN U.S. ARMED	CODECCO	Burgess							
thin mine pag			war or dates of service)	16b. SOCIAL SECO	JRITY NO.	17. INFORMANT		ADDRE			
Exall File	⊨			<u> </u>		DOCK Bu	rgess - 1	909 7th S	treet	NW	MATE INTERVAL
ool in ithin		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one couse per D BY.	line for (a), (b), a	nd (c))	- 0 1 1 1	1			BETWEEN O	INSET AND DEATH
xecc din dedin perr t w		765x IMMEDI	ATE CAUSE (a)	Guil Silo	c wound	of right	cnest			minu	tes
e e e e e f h e f h rst		Conditions, if any, which gave		R AS A CONSEQUE	NLE UF						
d Pld b	l	rise to immediate couse (a), stating the underlying couse ((b)	R AS A CONSEQUE	NCE OF						
shauld be executed with ward "pending" in pero the Chief Medical Exar burial transit permit. File I in any event within 72		lost.		, , , , , , , , , , , , , , , , , , , ,							
ICAL EXAMINER: This certificate should be executed within 24 hours after death execute the certificate, writing the ward "pending" in pencil in Item 18. Give Page far. Page 4 should be forwarded to the Chief Medical Examiner's Office olang with ed far your files. CTOR:Page 3 should be used as a burial transit permit. File pages 1 and 2 with the Starburial, cremation, ar remayal, and in any event within 72 hours after-death		PART 2 OTHER SIGNIFICANT COND	(c) ITIONS CONTRIBUI	ING TO DEATH BU	JT NOT RELATED	TO THE TERMINAL D	ISEASE OR CONDITIO	M GIVEN IN PART 1(a)			
fica ring rdec os	يرا							to over at 17001 1403			
INER: This certificate, writ should be forwar files 3 should be used arion, ar remaya	CERTIFICATION	19a DATE OF OPERATION		19b COND T.ON		RATION				20 AUT	OPSY?
arte, se fo	I E			WAS PERFO						YES	NO 🗀
	9	210 EXTERNAL CAUSE WAS PRIMARY OF ON CONTRIBUTING [21b TIME OF	INJURY Month, Do	y, Yeor	TO HOW INJURY OC	CURRED (Enter notu	re of injusy in Part 1	or Port 2, Hr	em 18)	
INER: e cert shaul files 3 shau	MED CAL	CAUSE OF DEATH	2:408		19 69	Shot dur	ing alte	rcation			
MIN the 1 sh 1 sh 1 fill e 3 se 3 mat	₹	21d INJURY OCCURRED 21e.	PLACE OF INJURY story, office buildin	(At hame, form, s	freet, -	If, LOCATION Street of	orRFD Na	C ty or Town		County	State
L EXA ecute Page ar yau R: Pag		WHILE AT WORK AT A PART AT A PAR	en Arden	Town Ha	all, Gl	en Arden,	Prince (George 's C	lo., M	larylan	d
bical Examiner: se execute the certification. Page 4 shauld med for your files iECTOR: Page 3 shauld a buriel, cremation,		220. I ternity mon i i	ook charge or i	ne remains de	scribed obov	e, neid an Autoj	osy <u>I_X</u> , ins	pection 🔼, Ir	udnity 🗀), and in	my opinior
Slease ex director. etailled f		deoth resulted fram:	Natural 1au	ses Ac	ciden/ 🔲,	Suicide,	Hamicide 🔀 ,	Undetermined	manner		
Ty please y, please stal directa be retailled A DIREC		ACTUAL	-1	Μ.	Va i		F MEDICAL EXAMINE				
JTY, eroli be be pri		SIGNATURE	an .	110		(75, 17,	STANT MEDICAL EXA		22b DATE S		
O DEPUTY necessary, p the funeral 5 may be r 0 FUNERAL Health pric		EXAMINER'S NAME (Type) TOKE	-V MD	Dina	3-3- M		ITY MEDICAL EXAMIL RESS(Street, city, too		_5-5-	-07	-
necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	230	RUP AL CREMATION 1226	ehoe MD	73c NA	dale, M	OR CREMATORY		LOCATION (City or To-	wa)	(County)	(Cambo)
F- F-		DEMOVAL (Specific)	-969			mandal D.	1.	D	,		(State)
20	24			. Funer.	ADDRESS		2So. REC'D BY REG	Prince Geo	oree Egistrars	JGNA IN	S.F.
VR A15ME (5)		3015 12th	Street.	N. E.	at Home		DATE NY 8	1969 /	hand and ?	0	



-		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.84.0.0.84
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07297
HEALTH DEPT,		DECEASED NAME First Middle Lost 20 DATE KNOWN Mo Mo OF ESTI-	nth Day Year 2b HOUR
to t		Kermit Butler DATH MATED 5-	-28-69 1910:30am
eloy d 3 d 3 jeni	3 :	SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAL lost birthday) MONTHS DATS HOURS MIN MAN MAN MAN MAN MAN MAN MAN MAN MAN MA	
ny deloy is 2, and 3 to PM3. Poge	M	Tale Negro 12-26-1920 48 YRS 5-28-69	Yeor 19 10: 30am
ny deloy is 1, 2, and 3 to m PM3. Poge	7o	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY) 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED PRINCES CONTROL	
الم		TILICE GEOING	
hours ofter death been 18. Give Pages Office along with fo and 2 with the Stote	10.		ne 126 K NO OF BUSINESS OR d.) INDUSTRY
er d	130	Riverdale qive street oddress) during most of working life, even if retire Leland Memorial Hospital during most of working life, even if retire Leland Memorial Hospital 3d INSTRECT AND NUMBER 3d INSTRECT AND NUMBER 3d INSTRECT AND NUMBER 3d INSTRECT AND NUMBER 3d INSTRUCTIVE AND STREET AND STRE	
s ofter 18. Giv a along 2 with 1	M	and sign Staff Prince George's Roomer VES NO 4533 Banner	n Strapt
hours liber of the office of t		FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
		Unknown Lucille ?	6031
thin 24 in the state of the sta		O WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	1/ = 0
MINER: This certificate should be executed within 24 hours offer death the certificate, writing the word "pending" in penal in them 18. Give Pages 1, 4 should be forwarded to the Chief Medical Exorquines Office along with form it files. e 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Demotion, or removal, and in any event within 72 hours after death.	L	(Yes no, or Unknown) (It yes give war or dates of service) LUCILE BARGOUR-	10 THER
TY DICAL EXAMINER: This certificate should be executed with please execute the certificate, writing the word "pending" in person director. Page 4 shauld be forwarded to the Chief Medical Exons retained for your files. **AL DIRECTOR: Page 3 should be used as a burial-transit permit. File prior to burial, cremation, or removal, and in any event within 72.		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecut ing ing edice		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Heart failure	hours
ex end f Me ent		DUE TO, OR AS A CONSEQUENCE OF Hypertensive arteriosclerotic hear	
f be d 'p Chie rans		Conditions, if ony, which gove) (b) disease	unknown
worr worr the lial-t		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
to the bur		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
icote ng th ded 1 as a , ond	١	The state of the s	
war war war sed	NO	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
Fe us	CERTIFICAT ON	WAS PERFORMED?	YES NO DE
The Hilbert of the Service of the Se	l iii	210 EXTERNAL CAUSE WAS 210 T ME OF INJURY Month Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port) or Port	2, Item 18)
ER: cert coulc aulc es. shou	MEDICAL	PRIMARY OF CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
MIN The The The The The The The The The The	2	The state of states for states of the states	County State
ecute Page or you ol, cre		AT WORK AT WORK	
bical EXAMINER: se execute the certifictor. Page 4 should ned for your files. ECTOR: Page 3 shou		220. I certify that I took charge of the remains described above, held on Autopsy, Inspection 23, Inquiry	
se e sector ned ref		deoth resulted from: Marurol gauses X, Acadent , Suicide , Homicide , Undetermined mon	ner
pleose pleose retained DIRECTORING		ACTUAL CHIEF MEDICAL EXAMINER	LIF GIGLES
TY. 9		SIGNATURE MD ASSISTANT MEDICAL EXAMINER L	5-28-69
TO DEPUTY DICAL EXAMINER: This certificon necessory, please execute the certificate, writing the funeral director. Page 4 should be forwarded 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as Heolth prior to buriol, cremation, or removal, or		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, cty, town, or county)	7-20 0/
The the S T S T S T S T S T S T S T S T S T S	230	30. BURIA, EREMATION 23b DATE 23c NAME DE CEMETERY DE CREMATORY 23d LOCATION (C tv of Town)	(County) (Stote)
		BURIOL 6/2/1969 HARMONY LANDOVER	MARIDAN
Λ Λ		4 FUNERAL DIRECTOR 250 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 250 REGISTR	AR S SIGNATURE
VR ATSME (\$) L	1	IN EDOLETT OLDONG (MAZZ / STANNIN C 1000 MY)	A. Oakan

MAKILAND STATE DEPARTMENT OF HEALTH



1-			00004	DIVISION OF	F VITAL RECORDS,	301 W. P	DEPAKTME RESTON STRE	FT BAITIMOR	IH F MARYLAND	21201		
4	1		07301				ATE OF D		ay ment control		07298	5
	death repair and 2 death.		ECEASED NAME Type or pant) Aga	tha	Middle E •	(Lost Carpente	20.	DATE OF DEATH Month May	Doy	1969	26 HOUR 2:08 M
	24 hours after death ed in by the translating pers Progent and 72 hours after death	3. 5	Female		gro		S. DATE OF BIRT 11/21		6 AGE (In lost both	yeors doy) YRS	FUNDER YEAR	IF UNDER 24 HRS HOURS M.N
	24 hoursed in by ppers Figure 172 hau	COU W	BIRTHPLACE (Stote or foreign ntry) ashington, D.C		.A.		NEVER MARRI BI AL CO DIVORCI		UNTY OF DEATH	_		Mď
	within to port to within the por		CITY OR TOWN OF DEATH Glenn Dale	give	NAME OF HOSPITAL OR INS	ale H	ospital	during most of Unknow	UPATION (Kind of w working life, even if m - Retir	retired)	12b KIND OF BU	JSINESS OR
	be executed within 24 hours of and campletely filled in by the remove carban papers. Program only event, within 72 hours and in any event, within 72 hours and in any event, within 72 hours and in any event.	odn	USUAL RESIDENCE (Where deceo	13b COUNTY			ington	YES NO	136, STREET AND N 1909 Ros	edale	Street	
	and	1	Robert	w agie	Jackson Lost	13	MOTHER'S MAIL	Rose		Middle	Chapma	Lost Ti
equires that the death certificate be exemply physician. signed by the attending physiciba and control burial-transit permit. Then please remaintally crematal, and in any			WAS DECEASED EVER IN US ARI	MED FORCES? war or dates of service)	166 SOCIAL SECURITY N	0. 17. 1	nformant Deceder	it		Address		
	ath ce nding p it The		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	D BY A	ine for (a), (b), ond (c)) spiration p		nia					ET AND DEATH
he de permirian, o			Conditions, if any, which gove		AS A CONSEQUENCE OF						hours	
	that th on. by the fronsit p		rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR	AS A CONSEQUENCE OF				s	-	years	
2	equires that the physician, signed by the burial-transit burial, cremat		PART 2 OTHER SIGNIF CANT CO. Chronic glome:	ND TIONS CONTR BI	eneralized UTING TO DEATH BUT NO				ON GIVEN IN PART 1	(0)	years	
1	IAN: The law requires that the death certificaté be executed within tal ar attending physician. Find the has been signed by the attending physician and campletely fills far use as the burial-transit permit. Then please remove carban por the article burial, crematian, or removal, and in any event, within	CERTIFICATION		-	HICH OPERATION WAS PER	FORMED	20o. AUTOPS	•	20b. IF YES, WERE CAUSES OF DEATH?		NSIDERED IN CER	TIFYING
		ਤ	210. ACCIDENT WAS UNDERLYIN	THE HOUR A.M.	Month Doy Year	21c HC	YES TO OCCUP	NO RRED (Enter noture	CAUSES QE DEATH? Yes of injury in Port 1		em 18.)	
	IDING PHYSICIAN: 1 by the haspital ar Affer this certificate 1 be detached far us State Dept. of Health	MED	Ilf either, notify medical exami 21d INJURY OCCURRED 21e While Not while of work	PLACE OF INJURY	AT HOME FARM, STREET FACT OFF CE BUILDING ETC	ORY) 21f. LO	CATION Street of	of RFD. No.	City or Town		(ounty	State
	ATENDING PHYSICIAN: etained by the haspital or COR: After this certificate should be defached far in the State Dept. of Heal		22a. I certify that (the saw the deceased a couses stoted above	rs haspital) att dive on e,≢) (we)(did)	ended the decease 5/8/19 (************************************	d fram 69, and	//12/ that in (環境) eath.	, 19 68 , (our) apinion (ta 5/8/ death accurred a	n the date	69 , that (e and hour ar	(we) last nd from the
	OR be re		22b. SIGNATURE W	of When		DEGR	ATTENDING	MED. DIRECTOR	STAFF C	22c DA	ATE SIGNED 8/69	
	Page 4 may O FUNERAL director, page shauld be file			Weiss, l			22e. ADDRE	Ozcilli	Dale Hosp Dale, Mar			
	Page 4 r TO FUNER director, shauld i		BURIA. (REMATION, REMOVE (Special)	DATE -/2-/9		METERY OR	CREMATORY	23d	CATION (Cty or TO	1	(County)	(Stote)
	VR A15 (4) 45M 1/69	24.	FUNERAL DIRECTOR VY. E. AR.	IN Co	ADDRESS 1432	You .	51,11.60	ATE MAY 1	4 1989	GISTRAR S SI	IGNAPURE,	elt.



	-1		D STATE DEPARTMENT OF		
	07302	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL ERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	07299
# _ P#		irst Middle	Last	20. DATE OF DEATH 5 / 10	
er death. funeral I and 2	(Type or print)	ıla B.	Carter	Month Do	109/EOI
fun fun s T ter (3 SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	F JINDER YEAR IF UNDER 24 HRS
24 haurs after death and or by the funeral pers reages I and 2	F	N	6/15/96	lost birthday) 72 YRS.	MONTHS DAYS HOURS MIN
Harry Page	70 BIRTHPLACE (State or fare gn	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
A Page	country)	USA	WIĐOWED N DIVORCED	Prince Georges,	Md.
u ∰ 8 5	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in haspital 12a USL	JAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
Page No.	Glenn Dale	give street address) Glenn Dale		nast of work ng life, even if ret red)	INDUSTRY MERCON
that the death certificate be executed within ian. Ion. the attending physician and campletely fille transit permit. Then please remave carban pactermation, ar remaval, and in any event, within	13a USJA, RESIDENCE (Where de- admission) STATE	LISH COUNTY	13c. CITY OR TOWN 3d. INS DE CITY	The street that the thousand	
cam			ABDING COL. D. C. X	1165 3rd St.	N. E.
e ex	14 FATHER'S NAME Frist	M.ddle Last	15. MOTHER'S MAIDEN NAME		Last
e be an a ase ase	Charles	Burger		amie	Coles
licat /sice plec		type work on violes, of survival		Address	
ph)	no	579-44-78	/5 d	ecedent	APPROXIMATE INTERVAL
th c	PART I DEATH WAS CAL	anly one cause per line for (a), (b), and (c))			BETWEEN ONSET AND DEATH
dea trmit , ar	\$1MM	FDIATE CAUSE (a) Acute myocar	dial_infarction		3 days
the e at pe ri ar	Conditions, if ghy, which ga	DUE TO, OR AS A CONSEQUENCE OF	- wio and a monda		Wan MC
y th presidence	rise ta immediate couse (c	1).(erioscierosis		years
	stating the underlying cau	Generalized	arteriosclerosis		years
AN: The law requires of or attending physicis icate has been signed far use as the burial if Health priar ta burial,	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM.NAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
	Diabetes	mellitus		(4)	
VSICIAN: The law re aspiral or attending certificate has been hed far use as the or, af Health priar ta	190 DATE OF OPERATION 1	9b. CONDITION FOR WHICH OPERATION WAS PER	FORMED 200. AUTOPSY?	206 IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
The off	RTIFIG		YES 🗗 NO	CAUSES OF DEATH?	
AN: Il or cate ar t			21c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2,	Item 18.)
Signature de la companya de la compa	(If either, notify medical exc	(miner) P.M. 19			
PHYSICIAN: 10 haspital or 11 this certificate 12 tached far u Dept. af Heal	21d NURY OCCURRED 2 Whe Nat while	The PLACE OF INJURY (AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f LOCATION Street or R.F.D. No.	city or Town	County State
G # #edel	or wark or wark				
ATTENDING etained by th CTOR: After t shauld be de	220. I certify that the	(this haspital) attended the deceased alive an 5/19/69	d from 10/20/19	inian death accurred an the do	69 , that (1) (we) last
TEN TEN Suld The	causes stated abo	ove, (I) (we) (did) (did nat) view the b	ady after death.	iniali dealli attoried an ine oc	ite and naur and tram the
A spine and a spin	22b. SIGNATURE	1.0 110		22c.	DATE SIGNED
OR be re	V	m un		MED. STAFF PHYS. D	5/19/69
TAI Nay NAI Pag Pag Pag Pag Pag Pag Pag Pag Pag Pag	22d. PHYSICIAN S NAME (Type)		22e. ADDRESS		
TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspiral TO FUNERAL DIRECTOR: After this certifica director, page 3 shauld be detached far shauld be filed with the State Dept. af He	1910	e Weiss, M. D.		Hospital, Glenn D	
D HC age Fu fired shat			EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5-5	24. FUNERAL DIRECTOR	-23-69 Arlingto	on National Cemete	ry Ft. Myer, Arl BY REGISTRAR 25b. REG STRAR S	ington, Va.
VR A15 (4) 45M 1/69	2/0 01	1300 621	- Fola-axeso RECDI	2 2 1969 Clion	
45/11 1/ 07	18461	(12103 - n.41	IN/ONLY IN CONTRACT	Z Z ISOS X	LANGE BOT



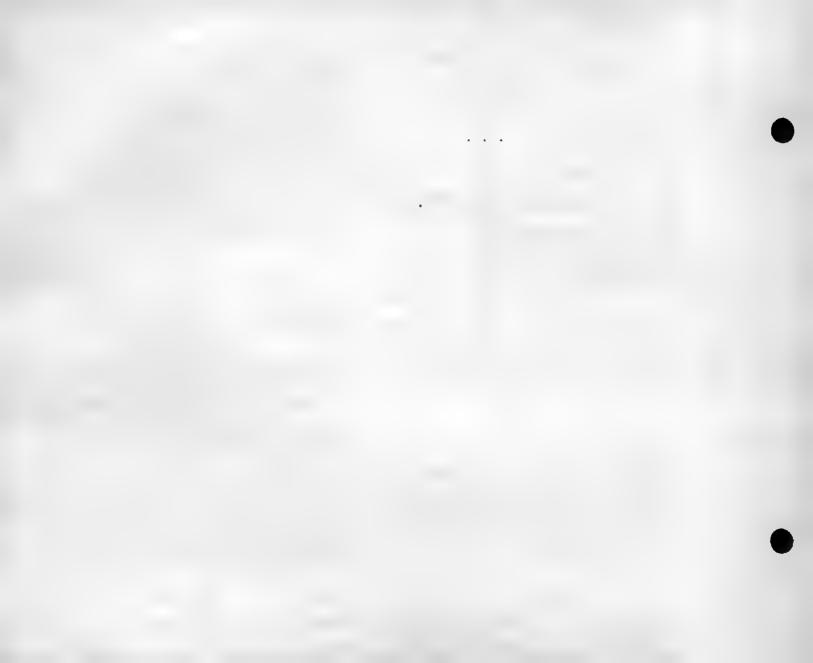
Ī		em 23 Film Gl13 MARYLAND STATE DEPARTMENT OF HEALTH 19/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE/		07303 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07300
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN CT Month C	Day Year 2b HOUR
2 2 8 A	(Type or Print) William L Cashion DEATH MATED X 5-20-	-69 1910:00am
à constant de la cons	3 5	EX 4. RACE S DATE OF BIRTH 6 AGE (In years F UNDER 1 YEAR IF JUDGE 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
Any delay is 2, and 3 to PM3, regge portrection	_	Male White 9-2-1924 23 44 YRS 24 24 24 27 24	69°19 6:02pmm
n 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	7o.	BIRTHPLACE (State or Fareign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED \(\subseteq \) NEVER MARRIED \(\subseteq \) 9. COUNTY OF DEATH	
form form	1001	Virginia USA WIDOWED DOVORCED Prince George's	Md
Pogd Vith St. CACA	10.0	give street oddress) during most of working life, even if retired.) [16]	26 KIND OF BUSINESS OR NOUSTRY
ofter death hy ofter death of hy ofter olong with farm PM with the State Deport	120	Cheverly Prince George Hospital SUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CTY LIMITS? 13e. STREET AND NUMBER	
2 with death	130	dmission) STATE NO MINISTORIA 136 (OChesterfiel Richmond VES NO M 9620 Jefferson	Davie Howar
Hemel Office Offer d		ATHER'S NAME First Middle Last I'S MOTHER'S MAIDEN NAME First Middle	Lost
2 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Herbert R. Cashion Vada	Holmes
This certificate should be executed within 24 hours ofter death ricate, writing the word "pending" in pencil in Hem alds Give Pages 1, be forwarded to the Chief Medical Examiner's Office olong with farm a be used as a burial-transit permit. File pages I and 2 with the State De or removal, and in any event within 72 hours offer death	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	TO CHILD B
l with n pend Exomi File pd	- ((es, no_or unknown) (If yes give wer or dates of service)	
ed v III Ex III Ex	Г	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" ir Medical I permit. I		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning	
ex f Mend f Ment ent		DUE TO, OR AS A CONSEQUENCE OF	
d 'p d 'p Chie		rise to immediate cause (a). (b)	
should be e re word "per o the Chief I burial-transit		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
the shape of but in the indian		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate should be executed with frate, writing the word "pending" in performanced to the Chief Medical Exoral be used as a burial-transit permit. File or removal, and in any event within 72	_	THREE POLICE SOURCES COMMINGE COMMINGE OF THE PART (6)	
his certil ate, writ e forwar be used r remova	CERTIFICATION	19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
te, tor	HE	WAS PERFORMED?	YES NO
*= = = :		210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year PRIMARY SOR CONTRIBUTING 10 HOUR A.M. 200 (0)	n 18)
inner: a certifu shauld I files 3 should	MEDICAL	CAUSE OF DEATH LO: OUan 5-20-5% undetermined	
XAMINER: te the certi ge 4 shauld your files 'age 3 shou cremation,	25	216 PLACE OF NJURY (At home, form, street, 21f LOCATION Street or R FD No City or Town foctory, office building, etc.) AT WORK AT WORK AT WORK AT WORK AND ADDRESS	County State
L EXAMINER: ecute the cert Poge 4 shaul or your files or your files fire Page 3 shaul iol, cremation			
		22a. I certify that I taok charge of the remains described above, held an Autopsy Inspection Inquiry	, ,
Se ecto nec a b		death resulted from: Natural causes Accident, Suicide, Hamicide, Undetermined manner	KI .
pleose I directo reto nec		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE SI	GNED
UTY ory, nerro be be pr			-26-69
necessory, please execute the funeral director. Page 4 5 may be reto ned for your to FUNERAL DIRECTOR: Page Health prior to buriol, crem		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street city town or county)	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230	BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (CITY or Town) (1	County) (State)
	I	Burial / 5/20/1909, Mt. Calvary Cemetery Richmond, Vi	
VR A15ME (5)		Funeral Director Matrice Falls Church, Va. 250. RECO BY REGISTRAR 250 REGISTRAR 5 SI	
10M REV 1/68	1 E	Talls Church Funeral Home. Datis 2 1969 Clearle	a fortile



I	tem6 FilmGil3 MARYLAND STATE DEPARTMENT OF HEALTH	
5		07301
	Type of the second of the seco	oy Yeor 2b HOUR
<u> </u>	Moses Cattman DEATH MATED X FRY	15 19599:00M
	Month Days Minhday) Month's Days Mink Month _ Day	Year 2d HOUR
70	1000100	6911:00
	play)	
io.		'ge's Mo "5 kind of Business or
	Bladensburg give street oddress) during most of work ng life, even if retired) Ith	DUSTRY
130	USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CTY OR TOWN / 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	14/14
(Md. 13b (OUNTY Prince Geo. Brentwoods NO 4519 41st Str	reet
14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First 7 Middle	Lost
	unk unk	
L	165, res, or distribution (in yes give war or adies at service) 145-28-8350	
"	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0) Hepatic failure	
	DUE TO, OR AS A CONSEQUENCE OF	
	rise to immediate couse (o). (b) Advanced fluctitional cirrinosis on	liver
	storing the underlying coose	
	(d) Edema and Condestion of Tunds	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
NOIL	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
E S	WAS PERFORMED?	YES 🕢 NO
CERT	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	
됳	PRIMARY OR CONTRIBUTING HOUR A.M.	·
MED	21d NJJRY OCCURRED 21e, PLACE OF IN, JRY (At home, farm, street, 21f LOCATION Street or R.F.D. No City or Town	County State
	WHILE AT WORK AT WORK TO AT WORK	
	22a. I certify that I taak charge of the remains described above, held an Autapsy 🔀, Inspection 🗍, Inquiry 🗍,	and in my apinian
	death resulted fram. Natural causes 17, Accident , Suicide , Hamicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	
	SIGNATURE ASSISTANT MEDICAL EXAMINER 220 DATE SIG	GNED
		7-69
230		ounty) (State)
24		NATURE .
1/-	1,3.Wnshingtingsons 4925 Depne DE DAMAY 23 1969 Journes	
	130 C	DECESSION AND PROPERTY DECESSION OF VITAL RECORDS, 301 W. PRESTON STREEF, BALTIMORE, MARYLAND 21201 DECESSION AND PROPERTY DECESSION OF THE PROPERTY DECESSION O



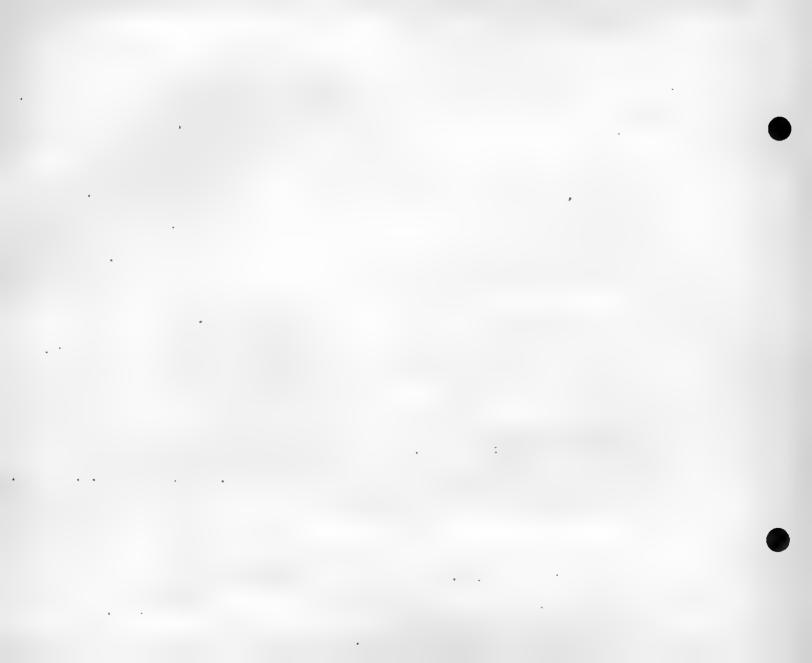
1	tems 18&20a Film 412 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1	17305 CERTIFICATE OF DEATH 07302	
₹ ⁻² ₹	DECEASED NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR	
er death. Funeral I and 2 er deoth.	(Type or print) Trene Chivis May Month 4 Doy Yeo 69 10:5	5
	SEX 4 RACE 5 DATE OF BIRTH 6, AGE (In years I FUNDER 24 HIR	5
\$ (\$\frac{1}{2}\tag{1}\tag{2}\tag{2}\tag{2}	Female Colored 09-08-17 lost birthday) WONTHS DAYS HOURS MI	M.
B 120 1	o. BIRTHP_ACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	_
d in pers	Maryland II S A WIDOWED Prince George	Md
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or offending physician TO FUNERAL DIRECTOR: After this certificate las beel signed by the offending physician ond completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers Pers 1 and 3 should be filed with the State Dept. af Health prior to burial, cremation, or removal, and in any event, within 72 bags affect death	O CITY OR YOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 Kind of RUSINESS OR	
and Angle And	Cheverly Frince George General	
plet corr	30 USUAL RESIDENCE (Where deceosed lived if astitution: Residence before 13c CITY OR TOWN 13d INSIDECITY LIMITS? 13e STREET AND NUMBER dmission) STATE	_
com com	Maryland Prince Geo. Laurel Box 405 Grant Ave.	
1 E E E	4. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	
Se be	George Brooks Priscilla Caren	
icate sicre plea , on	60 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) [(If yes give wor or dates of service) 17 INFORMANT Address	
phy en ova		=
h ce	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) CARCINOMATOSIS IMMEDIATE CAUSE (o)	_
lead mit.	IMMEDIATE CAUSE (0) CARCINOMATOSIS	
he of per	DUE TO, OR AS A CONSEQUENCE OF	
at the the main	(Conditions, If ony, which gove) (b) Adenocarcinoma of the stomach (b) Adenocarcinoma of the stomach (Linitis Plastica)	15
s the sign of the	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF (Linitis Plastica)	
uire nysid nrial rrial	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	=
g plane	TAKE 2 OTHER SIGNIFICANT CONDITIONS CONTRIBOTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
law Indin beel s the	190 DAJE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	_
offer of see os the print	190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 2 News IR.)	
a suspension	21d, ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	_
IAN fica for f He	TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year	
PHYSICIAN: ne hospital or this certificate etached for u Dept. af Heo	- I ZIN THEORI OCCURRED I ZIB. FUNCE OF HIDDRY I AS TOMAS THE TRANSPORT OF REAL PROPERTY OF THE	_
PH this this efac Deg	While Not while of work Of Work	
ING by the tote		ast
ed to be Sed to	22a. I certify that (I) (this haspital) attended the deceased fram, 19, 19, 19, that (I) (we) for saw the deceased alive on19, and that in (my) (aur) apinian death occurred on the date and hour and from to causes stated above, (I) (we) (did) (did nat) view the bady after death	he
TO House	226 SIGNATURE 226 SIGNATURE	_
OR ATTENDING be reformed by the IRECTOR: After the e 3 should be do ed with the Stote	ATTENDING MED STAFF	
y by by by file of fil	22d PHYSICANS / 22e ADDRESS	_
PITA mo iRAI	22d PHSICANS MAME (Type) FELIX FLORES 22e. ADDRESS	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or offending physician To FUNERAL DIRECTOR: After this certificate was been signed by director, page 3 should be detached for use as the burial-trois should be filed with the State Dept. af Health prior to burial, cre	30 BURIA., CREMATION. 235, DAJE , 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)	
Page 6	BENDA Specify 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Country) (Stote) CARVER MEMORIAL FARK LIAUREL Md.	
-	4 DUNERAL DIRECTOR 250. REC D BY REGISTRAR 250 REG STRARS SIGNATURE	
VR A15 (4, 45M - 1/69	obert L. Snowden Tockville, Md. DALAY 8 1969 Ordinate, Contra	



	1	1	~ m 0 0 0		ID STATE DEPARTMENT OF H				
	23	L	07306		301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MUKE, MAKTLAND 21201	07303		
	= 40		ECEASED NAME First	Middle	Losi	20. DATE OF DEATH	26 HOUR		
	§ (515/3)	L	Type or print) Paul		Cocchiaro	Montay Doy	14,1969 220 M		
	the fundaments of the	3 9	Male	4. RACE White	S DATE OF BIRTH 10-21-78	6 AGE (In years Ophirthday)	FUNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN		
	by 1 Po ours	70.	BIRTHPLACE (State or foreign 2)	b. CITIZEN OF WHAT COUNTRY?		9, COUNTY OF DEATH			
	d in pers.	cou	ntry) Italy	USA.	WIDOWED DIVORCED	Prince Georges	Md		
	within 24 hours after death. ely filled in by the fueril an papers. Pages i upa 2, within 72 hours ofte death.	R	city or town of death iverdale	L OCCUPATION (Kind of work done stof work ng life, even if ret red)	12b KIND OF BUSINESS OR INDUSTRY				
		odm	ssign) STATE Md.	l lived it institution. Residence before	13c CITY OR TOWN 13d INSIDE CITY OF PERSON 1	AITS? 13e STREET AND NUMBER	Road		
	na n	14.	FATHER'S NAME FIRST	Middle Last	IS. MOTHER'S MAIDEN NAME FI		Lost		
	e be an c ose nd ir	1/0	Ignatius WAS DECEASED EVER IN U.S. ARMEI			ovanni	Belliziere		
	The law requires that the death certificate be executed attending physician. has been signed by the attending physician and complesse as the burial-transit permit. Then please remove to the prior ta burial, cremation, or removal, and in any event	100	(es, no orunknown) (If yes give wor		NO. 17. INFORMANT 26A daughter/Medica	al Record CONNIG	AMELLA . 13.		
	ot the death cer the attending p nsit permit. The mation, or remo		PART I. DEATH WAS CAUSED	one couse per line far (a), (b), and (c))		APPROXIMATE NTERVAL BETWEEN DISET AND DEATH		
	after after on, o		4/09	DUE TO, OR AS A CONSEQUENCE OF					
	the the matin		Conditions, if only, which gave a	(b) Myoca	odest enfanction				
	muires tho physician. signed by buriol-tran buriol, crer		stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	isto one				
	physical phy			TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(0)			
	ing sen	×				,,			
1.	PHYSICIAN: The law requires the hospital of attending physician. This certificate has been signed by lefacthed for use as the buriol-traits Dept. of Heolth prior ta buriol, cre	CERTIFICATION	19a, DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO	206. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	S, WERE FINDINGS CONSIDERED IN CERTIFYING DEATH?		
	₩ # # 2 5		21 g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M. Month Day Year		nature of injury in Part 1 or Part 2, I	iem 18)		
	Spiro spiro entifi ed f	MEDICAL	(If either, notify medical examine) P.M [9					
			While Nat while at wark of work	ACE OF INJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING ETC	31001 01 113.5.110.	City ar Tawn	Caunty State		
	DIN Din After Be Stot		22a. I certify that (I) (this	hospital) attended the decease	ed fram 5 - 7 , 1969 969, and that in (my) (our) opin	9 , to <u>5-74</u> , 19	, that (i) (we) lost		
	OR: ould		couses stated obove,	(1) (we) (did) (did nat) view the	body after death	non death accorred on the ga	te ond haur ong tram the		
	TO HOSPITAL OR ATTENDING Poge 4 may be retained by to FUNERAL DIRECTOR. After director, page 3 should be cled with the Store		22b SIGNATURE	R. Die	DEGREE PHYS.	D STAFF 22c S	DATE SIGNED		
	TAL (AL Di page e frie		22d PHYSICIAN S NAME (Type)	Duran	22e. ADDRESS	KECTOR CO PAIS CO			
	NER Itor,	_	- 43: N	PURDIE, M			AND		
	Poge 4 may To FUNERAL I director, page should be fil	23a	BURIAL, CREMATION 23b. DA	17-1969 FORT	CEMETERY DR CREMATORY LINCULN CEM.	23d LOCATION (City or Town)	(Caunty) (State)		
	VR A15 A	24	FUNERAL OJRECTOR/	ADDRESS	2So REC'D BY		SIGNATURE		
	45M - 1 69		1.W.CHAMBE	RS (O. KIVER	DALE MAP DAMAY	19 1969 Man	to the state of		



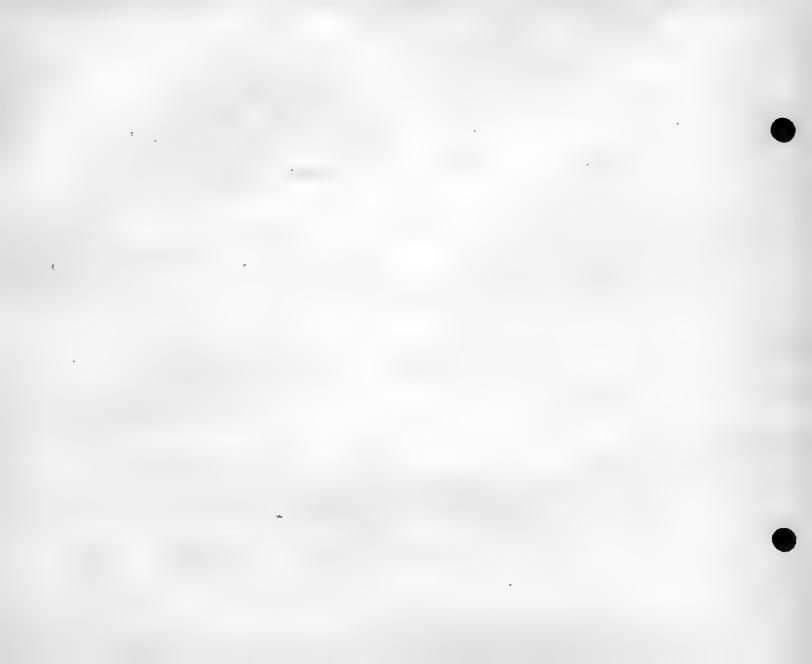
	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		07987	07304
		DECEASED NAME First Middle ast 2a DATE KNOWNOK Month D Type or Print) Lleullyn Cofield DEATH MATED 5	9 19 69 8:44
	3 5		Year 69 20 Hour 8 4
	70 cau	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH Only) Pa. USA WIDOWED DIVORCED Prince George	Wd
		CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (IF not in haspital 12a USUAL OCCUPATION (Kind of work dane 13	26 KIND OF BUSINESS OR NOUSTRY
	13a	USUAL RESIDENCE (Where deceased lived if institution Residence before ISC CITY OR TOWN ISO MASIDE CITY LIMITS? ISO. STREET AND NUMBER Iddm. STATE Md. 73b. COUNTPrince George HyattsvilleyES No k 7290-B 79th Av	re.
	14	FATHERS NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Henry Cofield Diane Franklin	Lost
		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (M yes give war or dotes of service) 16b. SOCIAL SECURITY NO. Henry Cofield, Hyattsville, Ad.	
		IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Cerebral concussion	APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH
-		Conditions, if ony, which gave inse to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF Skull fracture llcm	
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF Trauma (c) Trauma	5 hrs.
	~	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
/	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO NO
	MEDICAL CE	210 EXTERNAL CAUSE WAS PRIMARY SOR CONTRIBUTING 21b TIME OF INJURY Month, Day, Year PRIMARY SOR CONTRIBUTING 305 Mpm 5 9 19 69 Fell off bed Fell off bed	
٠	WE	2 d N.JRY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, at work at wore work at	Gaunty State Md.
		220 I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry death resulted fram Natural courses , Accident , Suicide , Hamicide , Undetermined manner	ond in my opinion
		ACTUAL SIGNATURE SIGNATURE DEPUTY MEDICAL EXAMINER 22b DATE SI 5-3	igned 10 - 69
	236	NAME (Type) John Kehoe, M.D., Riverdale ADDRESS(Street city, town, or county) BURIAL (REMATION) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (1)	Caunty) (State)
		REMOVAL(Specific / 5/12/69 Douglas Cemetery Alexandria, Va. FUNERAL DIRECTOR / 1	
	L	Greene Funeral Home, Alexandria, Va. DALAY 1 3 1969 (Change	a landor :



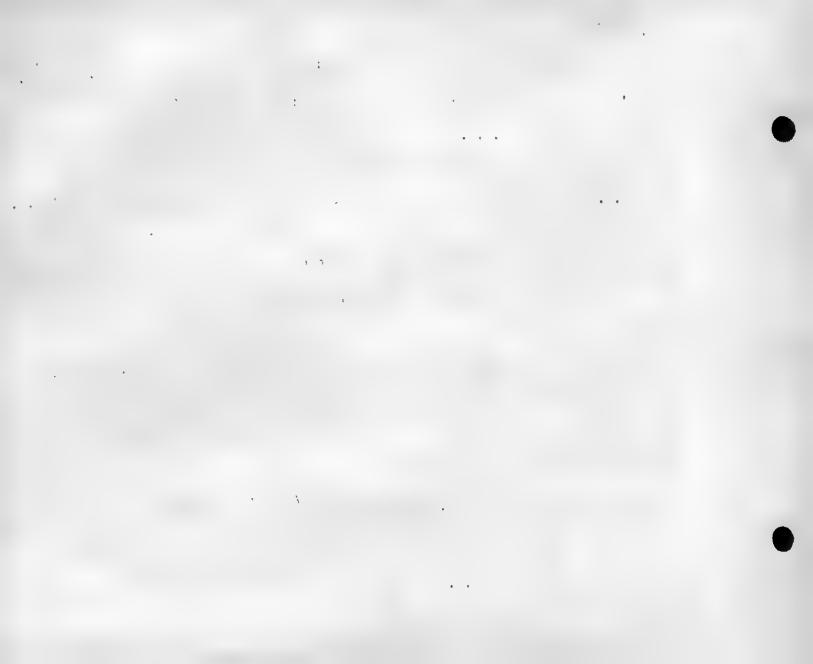
	. 1			MARYL	AND STATE DEPARTMENT OF	HEALIH			
		4	07308	DIVISION OF VITAL RECORI	DS, 301 W. PRESTON STREET, BAI	TIMORE, MARYLAND 21201	07305		
•	1/0		117900	CERTIFICATE OF DEATH					
	÷ _ ~ 4	T	DECEASED-NAME Fire	st Middle	Last	2a. DATE OF DEATH	2b HOUR		
	funeral funeral and i		(Type or print) FRAN	u K	CONNOlly	Month Day	1969 2:15PM		
		3	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (In years	IF JNOER I YEAR IF UNDER 24 HRS.		
	by the burnedes		N)ALE	CAUCASICA	1-2-188		MONTHS DAYS HOURS MIN.		
4	yd r	7a	BIRTHPLACE (State or foreign	75 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	\		
	24 tr d irr per 72	L	New YORK	USA	WIDOWED DIVORCED		RGES Md.		
	within 24 no rely filled in troop papers.	100	CITY OR TOWN OF DEATH	11 NAME OF HOSPIFAL O		WAL OCCUPATION (Kind of work done most of working life even if retired)	12b. KIND OF BUSINESS OR INDUSTRY		
	with bon with with with		ropestu. 1/8	1	GENT Nueva pre w	mast of working life, even if retired)	AL MIDOSIKI		
	ompleto vive odrh		o USUAL RES DENCE (Where dece mission) STATE	ased lived, f institution: Residence bef	The same of the sa	NO 341 AURON	DR		
	hd converience	14	FATHER'S NAME First	Middle La:	TS. MOTHER'S MAIDEN NAME	First Middle	Last		
	be n of in		Unknown		Unknown				
	requires that the death certificate be executed within 24 hours after death g physician. I signed by the attending physician ohd completely filled in by the funeral subviol-tronsit permit. Then please remove of bon papers. Pages and 2 bur ol, are mation, or removal, and in any event, within 72 hours offer death	16	a WAS DECEASED EVER IN U.S. A Yes, n.a, ar unknown) (If yes gov NO	RMED FORCES? 16b. SOCIAL SECUR war or dates of service)	ITY NO. LZ_INFORMANI XMATTIE CONTRY 341 Huror Dr	WINEX Marie Connive. Forest	Colly, Wife		
	th certification of the second	-		anly are cause per line far (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH		
	ot the deoth cer the attending parsit permit. The mation, or remo		PART 1 DEATH WAS CAU	anly are cause per line for (a), (b) and SED BY DIATE CAUSE (a)	robac anest.				
	thot the dec an. by the attend fronsit permit cremation, or		47	DUE TO, OR AS A CONSEQUENCE	OF	, - + '			
	the the sit position of the		Canditions, if day which gav		mocendiae	menon			
	thot in. by 1 by 1 rons rem		rise to immediate cause (a) stating the under ying causi		biteriance	Lent Drocose			
	sicio sicio ed al-ti		last.	(c)					
	equires thot the physician. signed by the burial-tronsit bur ol, cremat	-	PART 2, OTHER SIGNIFICANT C	ONDITIONS CONTRIBLTING TO DEATH BL	T NOT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(a)			
7	ing ing he he	2	Dresterd	Incumentif	- Urnay Tras	V - 50 - 5			
	IAN: The low rateding all or attending irote has been for use as the Heolth prior to	15	3	b. Condition for which operation wa		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING		
A .	The att	X			YES MO				
	I or cote				21c HOW INJURY OCCURRED (En	iter nature of injury in Part 1 or Part 2,	ftem 18.)		
	HYSICIA hospital s certifica sched fo	MEDICAL	(If either, natify medical example)	miner) P.M.	19				
		13		B. PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	(FACTORY) 21f. LOCATION Street or R F D	Na City or Town	Caunty State		
	G P		While Not wh. le ot work of work		5	69 5 11			
	be Staff		22a I certify that (I) (this haspital attended the dece	ased, from, 19 101, and that in (my) (our) a	ninian death accurred on the de	that (I) (we)-last		
_	ATENDING stoined by il CTOR: After should be diffi the State		causes stated aba	ve, (I) (we) (did) (did not) view t	he bady after death.	panda dedir accorred da me de	ne assa maar ana mani me		
	OR ATTENDING P be retoined by the DIRECTOR: After this is 3 should be deti- ed with the State D		22b SIGNATURE	· D B			DATE SIGNED		
	OR De n		Ulm	en is, som	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	. 12.69		
	AL OR oy be NL DIR poge 3	, L	22d. PHYSICIAN'S OLIV	ER . B. BOND	MB 220. ADDRESS 74	120 MARLBORO	PIKE		
	O HOSPITAL OF Poge 4 moy be O FUNERAL DIR director, poge should be filed		NAME (Type) & L- IV		To.	LESTUILLE MARY	ILAND LOOZ8		
	HO FUN FUN	23			OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)		
	5 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	L			rys Cemetery	Grasmere, State			
	VR A15 (4)			ert E. Wilhel. Fan	Eral Hone 250. REG	8 REGISTRAR 1969Sb. REGISTRAR S	SIGNATURE		
	30M REV 1/68	1	368 Suitland B	d. S.E. Suitlan	- 11d 200.13 DATE 141	11 20 1000	. 1		



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	08778
. 8.	Lecine J Limited De Division Control of De Di	
death.	1 DECEASED NAME First Middle Lost 20. DATE OF DEATH (Type or print) BELINDA ALSTON CORDELL Month MAY Day 26	5 Yeor 69 1023 _M
offer of the state	Female Negro 26 May 1969 last birthday) YRS.	JADER 1 YEAR IF JADER 24 HRS NTHS DAYS HOURS MAIN
The sees	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH Prince George's	Md
d within 24 Jetely filled corban pape	Camp Springs 11. NAME OF HOSPITAL OR INST. JUTION (If not in hospito. Que street address) Malcolm Grow USAF Hospital 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	26 KIND OF BUSINESS OR INDUSTRY
cuted complete	130 US.A. RES DENCE (Where deceosed fived, if institution Residence before 13c CTY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 3R07 Swann Road	1, Ant. 202
ote be executed in any even	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle MC GRADY CORDELL ISABEL	ALSTON
ertificate be physican pen please loval, and in	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give war or doiles of service) Address McGrady Cordell, 3807 Swann Rd Su	ritland, Md
requires that the death certificate be executed within 24 haurs after a physician. I signed by the attending physican and campletely filled in a tive full buriet fransit permit. Then please temays carban papers the buriet, cremation, or removal, and in any event, within 72 feats a burial, cremation, or removal, and in any event.	IB CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Proumonia	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH 5 Hrs
t the d the atte sit perm nation,	Conditions, if ady, which gave this to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF Sepsis (b) Sepsis	5 Hrs
3 S equires that the physician. signed by the burial-transit p	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF lost (c) Maternal Amnionitis	1 Day
Frequires physicis signed burial-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
DING PHYSICIAN: The law red by the haspital or attending After this certificate has been be detached for use as the state Dept of Health prior to	Prematurity .9a DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSI CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21b HOW INJURY OCCURRED (Finter notice of injury or Port 1 or Port 2 from	DERED IN CERTIFYING
ICIAN: 1 pital or Tificate d far us af Health	21c ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19	IB.)
OR ATTENDING PHYSICIAN: be retained by the haspital or JIRECTOR: After this certificate je 3 should be detached far ted with the State Dept af Hea	While Nat while of work at work of wor	ounty State
ATTENDING stanned by the CTOR: After should be dith the State	22a. I certify that (1) (the kospatal) attended the deceased from 26 May , 19 69 , ta 26 May , 19 6 saw the deceased alive on 26 May 19 9 , and that in (my) (and opinion death accurred on the date courses stated obave, (1) (300) (did) (did) (300) (view the bady after death.	29, that (I) (ADE) lost and hour and fram the
OR ATTENION OF ATTENION OF ATTENION OF ATTENION OF STRONG PERSON OF STRONG OF ATTENION OF	22b SIGNATURES 22c DATE	e signed
	22d PHYSI(ANS NAME(Type) RICHARD W. DODDS, 22e ADDRESS Malcolm Grow USAF Hospital	
TO HOSPITAL Page 4 may TO FUNERAL I arrectar, pag shauld be f	230 BUR AL REMATION) 236 DATE 230 NAME, OF CEMPTERY OR CREMATORY 23d LOCATION (City or Town) (C REMOVAL (Specify) 6//3/69 23c NAME, OF CEMPTERY OR CREMATORY 23d LOCATION (City or Town) (C	Caunty) (State)
VR A15 (4) 45M 1/69	24. FUNERAL DIRECTOR ZSG. RECD BY REGISTRARS SIGN DATE JUN 1 2 1969 REGISTRARS SIGN	STURE Judge.



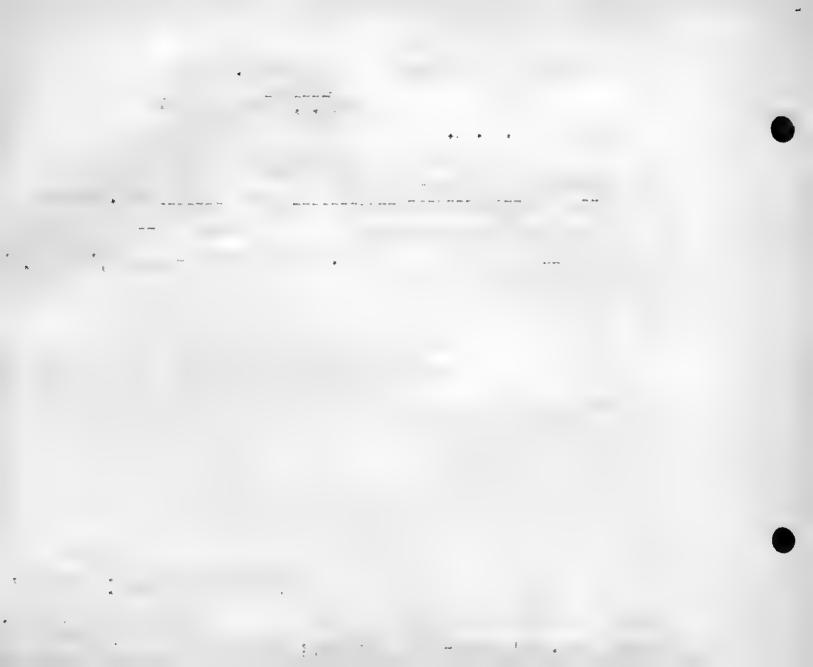
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		07310	DIVISION OF V	/ITAL RECORDS,		ATE OF I		OKE, MAKI		07306	
deoth.		ECEASED-NAME First Type or print) Hardi	e	M.ddle		last uncil		20. DATE OF D			2b. HOUR 1:35
offer differ	3. S	Male	4. RACE	Negro		5. DATE OF BIR			i. AGE (In years last birthday)	IF UNDER E YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
t hours in by t ers. Pa	70 cau		76 CITIZEN OF WHA	T COUNTRY?	8 MARR ED X	NEVER MARR		COUNTY OF D	- FR3		
within 24 ho	10	CITY OR TOWN OF DEATH Glenn Dale	g ve s	NE OF MOSPITAL OR INS	T TUTEON (IF no	turn bornisal	12a USUAL C	OCCUPATION (F	(nd of wark done e, even if retired)	126. KIND OF E	
executed within	3a. adm	USUAL RESIDENCE (Where decease issian) STATE.	13b COUNTY	n. Residence befare	13c CITY OR Washin	TOWN T	3d. INSIDE CITY LIM TS	2 13e STRE	ET AND NUMBER		
and c remo	14.	FATHER'S NAME First	Middle	Last			DEN NAME First		Middle		Last
a see	L	Min		Council			Ann		E.	Jenk	ins
president prosident prosid	160	(and at unknown) (f yes give wo	to the desired and the second	66 SOCIAL SECURITY N 578-16-918		formant Decedet	nt		Address		
he death ce e ottending permit. Th		18. CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED IMMEDIA 4123 Canditions, If any, which gave)	IE CAUSE (a) Pul	far (a), (b), and (c) the lmonary end A CONSEQUENCE OF	mbolism	, mult	iple			APPROXIM SETWEEN ON 2 day	ATE NYERVAL SET AND DEATH
equires that the physician. signed by the burial-transit burial, crema		rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS	A CONSEQUENCE OF terioscle						years	
The low requotes the second of	NOIL	PART 2 OTHER S.GNIFICANT CON accident; gene		NG TO DEATH BUT NO AFTERIOSC H OPERATION WAS PER		THE TERMINAL ; prob			N PART ((a) CET Y tubercu ES, WERE FINDINGS (
: The 1 or offer te has use os alth pri	CERTIFICATION	21a. ACC DENT WAS UNDERLYING				YES 🛣	МО [CAUSES	E DEATH?		
SICIAN spitol e ertifico ed for cof He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR AM er) P.M.	Month Day Year					in Part 1 or Part 2,		
G PHY the horthis called detach	_	While Nat while N		T HOME, FARM, STREET, FAC FFICE BUILDING, ETC.				City or		County	State
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		at work at work 22a. I certify that (% (this sow the deceased of causes stated abave	s haspital) atten ve on	ded the decease 5/15/	ed fram9_ 69 , ond body after d	4/25/ thot in (郊) eath.	, 19 <u>69</u> (our) opinio	_, ta5 on death ac	curred on the do	69, that ote ond hour o	(we) last and from the
OR Albe reto		22b SIGNATURE ULI	o When		DEGRE	ATTENDING PHYS	MED DIREC	TOR K	STAFF 22c	DATE 5 GNED /15/69	
TO HOSPITAL Poge 4 moy TO FUNERAL director, pog		/ /	Weiss, M				Glenn	Dale,	Hospital Maryland		
TO HO Gire direction	_		ATE 20/6,9, /)	23c NAME OF C	y Mem	orial	Park	Mary	(City or Town) Land	(County)	(State)
VR A15 45M 1/89		ewart Funera	1 Home-	4001 Ber	ning		RECD BY RINALANY 2		25b REGISTRARS	SIGNATURE CO.	le.



1		MAKYLAND STATE DEPARTMENT OF HEALTH Oフマイザ DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7307
HEALTH DEPT.	1 [DECEASED-NAME First M. adie Lost 20 DATE KNOWN Month E	
		Type or Print)	
Poge to the population of the	3 9		59 19]: 25am M
A3 del		lest birthday) MONTHS DAYS HOURS MMH Month Day	Vees
Iny delay is 1, 2, and 3 to rm PM3. Page Department of	_	BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH	59 191:32am M
- E 6		Ohio U.S. A. WIDOWED DIVORCED Prince George's	i.e.i
tate	10	CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCLEATION (Kind of work done 1)	Ph. KIND OF BUSINESS OR
offer death		give street oddress) during most of working life, even if retired.)	Larbide Co.
\$ 50 E E	130	Cheverly Prince George Hospital Ret Inspector CUSUAL RESIDENCE (Where deceosed wed, I institut on Residence before 13c CITY OR TOWN 3d INSIDE CITY CHARGE? 13e STREET AND NUMBER	arbide Co.
MINER: This certificate should be executed within 24 hours offer death the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiners Office along with form or fles. Je 3 should be used as a burial-transit permit. File pages land 2 with the State De smotion, or remayal, and in any event within 72 hours after death.		Taryland Prince George's Lanham 15 12 No 1 5634 Whitfield	Chapel Rd.
24 hours in Item 18 ers Office of the control of th		FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	lost
4 h		Robert Craig Unknown	
hin 24 ncil in niner s poges hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
executed within anding" in pencil Medical Examine t permit. File pagint within 72 hou	((es, no, or unknown) (11 yes give war or gares of service) Margaret Craig Glen Freeis,	W. Va.
be executed wit "pending" in pe nief Medicol Exan insit permit. File event within 72			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding" in Medical E permit. 1		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure	minutes
Mer Mer		DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	over 3 mo.
be "pe "pe hief ansil		Conditions, if ony, which gove	
ould word he Ch ial-tra ony		rise to immediate couse (a), (D) Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per o the Chief I buriol-transit		lost (c)	
is certificate : te, writing the forwarded to be used as a bremaval, and		PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 1(o)	
ifico ting ardec l os ol, o	×		
certil writ orwar used mavo	S	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This certificate should cate, writing the word be forwarded to the Cl be used as a buriol-tru remaval, and in any	CERTIFICATION		YES NO 🔀
Certification of the contraction		210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 10 Fig. DRY Month, Day, Year PRIMARY OR CONTRIBUTING 11 Or Port 2, Item	n 18)
cer cer cer les. sho	MEDICAL	CAUSE OF DEATH P.M 19	
XAMINER: te the certi ge 4 should your fles. 'oge 3 shoul	₹ .	21d INJURY OCCURRED 21e PLACE OF N.JRY (At home, form, street, white hor white hor white foctory, office building, etc.)	County State
₹ 9 9 9 5 5		AT WORK AT WORK	
ICAL EXA s execute for Poge ed for you CTOR: Pog		22a certify that I tack charge of the remains described above, held an Autopsy Inspection 🗷, Inquiry,	
please en l' director retained DIRECTE Or to buy		death resulted from: Natural causes 🖾 / Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗌	
pleose direction retains or to b		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
JIY pleose eral direct be retains RAL DIRE		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L	
DEPU ecessor mey in FUNER		EXAMINER'S	5-69
necessory, property fine funeral fine funeral for EUNERAL Health price	72.	POINT RESIDE NO TELVESTRATE, INC.	f 15
7		REMOVAL (Specify)	(County) (State)
		Burial 5/7/69 Montgomery Mem. Park London Kanawh	a W. Va.
¥R A15ME (5)		11AV 7 4000 07%, 4	on Judge.
10M REV 1.68		randis/Gasch's Sons Hyattsville, Maryland DAIMAY (1969)	The second second



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07312 07308 CERTIFICATE OF DEATH and 2 DECEASED NAME First Middle Last 20. DATE OF DEATH 2b HOUR (Type or pnnt) Manth Wesley Warren Cromwell.Sr. Mav 1,966 papers Pages 1 nn 72 haurs after 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years FUNDER LYEAR IF UNDER 24 HRS White Nov-2-16 Male last puthday) DAY5 MONTHS HOURS YRS 7a. BIRTHPLACE (State ar fore an 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED [X] NEVER MARRIED 9. COUNTY OF DEATH U. S. A. WIDOWED [DIVORCED Prince George's filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (of not in hospito 120. USUAL OCCUPATION (Kind of work done executed within 26 KIND OF BUSINESS OR and in any event, with Prince George's Gen. Hosp Cattle Ranch Farm ician and campletely fi Cheverly Ranch 130 USUAL RES DEWE (Where deceased Eved, if institution Res dance before odm ssron) STATE OF CAUSE 130 COUNTY DENTISE STATE 13e. STREET AND NUMBER 13d ASIDE CITY LM TS? 13b COUNTY Daniels Gen.Delivery 4. FATHER S NAME First M dale .ost IS MOTHER'S MAIDEN NAME First Ward Lennie TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Da Charles Fremont Cromwell attending physician permit. Then prease .60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Gen. Delivery. Yes no ar unknown) (It yes give war or dates of service) After this certificate has been signed by the attending physi be detached far use as the burial-trans t permit. Then pl State Dept af Health priar ta burial, cremation, ar remaval, Mrs.Myrtle Cromwell-Scobey, Montana, APPRIOR MATE INT. HVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Denevaliza Arterias Endie disesse rise to immediate couse (a), stating the underlying couse DUE TO. OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [be retained by the haspital ar 216, ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) HOUR A.M OR CONTRIBUTING CAUSE OF DEATH Month Doy Year If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACEORY,) 21f LOCATION Street or R.F.D. No. City or Town Stote Caunty While Not while at wark TO FUNERAL DIRECTOR: After 22a I certify that (Kithis haspital) attended the deceased from May 17 19 69 to May 22 19 69 saw the deceased alive an May 22 1969, and that in (my) (aur) apinion death accurred an the date and hour and from the director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING 5/23/69 DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e ADDRESPrince Georges Gen. Hospital, NAME (Type) WOHEZ Cheverly. Maryland. 230 BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ON (City or Town) (County) (State)
Scobey- Daniels-Mont. BREMOVAL (Specify) 5/27/69 Scobey Cemetery Ritchie Bros. Fun'l Home-Waryland 20870 DATE DATE 250 RECD BY DEGISTRARS S 256 RESISTRAD S AND UNA VR A15 (4) 45M - 1/69



/ 1	- 1			ADIVISION C	.M. I OF VITAL RI			ARIMENI (N STREET R			ND 21201			
FOR STA	TE		07313	3				ERTIFICAT					073	109
	EPT.		CEASED NAME	First	MEDIC	Mid		Lost		-	20 DATE KNO	WN Mon	th Day	Year 2b_HQUR
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2, and 3 to PM3. Page)	3 51	x F	4 RACE W	9 Sept		6 AGE (in years last birthday) 54 yr	MONTHS DAY		MIN MIN	2c DATE PROM Month		2 G Yeo	2d HOUR
5.79		70	BIRTHPLACE (Stote	or foreign	76 CITIZEN OF WH	_	- 11	ARRIED X NEVER	MARRIED	9 COUN	ITY OF DEATH		pron (100 1 12.11
- E 2	55	เดินก	Ohi	0	U.S.	۹.			DIVORCED		Prin	nce Geo	orge	M
ighter death 6. Give Pages 1, olong with form	7.		TY OR TOWN OF		11 N	AME OF HOSPITA		N (If not in hosp	during		UPATION (Kind working ife, i		.) INDUSTR	
& Give olong	= 4 '	130	HISTIA, RESIDENT	Marylan E (Where deceos	ed lived, if instite	ution Residence	befare 13C CI	Hospita Y OR TOWN	13d. INSIDE C TY L	dM.TS7	13e STREET AN	ID NUMBER	Sear	Rd.
	death	01	Imission) STATE	Va. Mot.	13p COUNTY		Arl	ington	YES DO N	0 🗆	4414 N	Worth (Carlyr	Spring
Hem I tem	ofter	.4 F	ATHER S NAME	First	Middle)	.gst	15. MOTHER 5	MAIDEN NAME	First		Midde		Lost
- ch	2 5 .		A	lbert			Rich			Glad	lvs		Jarı	ett
within bencil to Examiner	hours		WAS DECEASED EV	ER IN L.S. ARMED F	ORCES?			17, INFORMANT			4414	ADDRESS		rings Rd. inia
within pencil xamine	72	,,,				577-0	1 <i>-</i> 6868	Benjan	nin H.	Curt	is Arl	ngton	Virg	inia
	event within		18 CAUSE OF	DEATH (Enter and	y ane couse per a	me for (a), (b),	and (c))						BETT	PPROX.MATE INTERVAL WEEN ONSET AND DEATH
ding	permir.			IMMEDIA	FE CAUSE (o)		<u> </u>	Hear	t failu	ıre			M:	in.
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	ly e		nse to immed	ate cause (a), ((b)	AS A CONSEQU		Arterios	встегог.	TC HE	eart of	sease	- u	nknown
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s certificate she, writing the forworded to 1	o o o		PART 2 OTHER :	GNIFICANT CONDI	TIONS CONTR BUT	ING TO DEATH E	BUT NOT RELATE	TO THE TERMINA	AL DISEASE OR C	ONDITION	GIVEN IN PAR	T I(a)		
certificate writing th irworded t	s °.	2												
writ writer rwo	moval	ATIO	19a. DATE OF O	PERATION		19b. CONDITION	N FOR WHICH O	PERATION					20	. AUTOPSY?
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<u></u>		MEDICAL CE	PRIMARY OF DEAT	CONTRIBUTING [HOUR A.	INJURY Month, (M. M.	Σαγ, Year 19	21c HOW INJURY	OCCURRED (En	ter nature	of Invery In P	Port 1 ar Part	2, Item 18.)	
. 프 공 g 프 .	2 2	100	21d INJJRY OCC	URRED 21e F	LACE OF INJURY (street,	211 LOCATION Str	eet or R F D No		City or To	₩n	Caunt	y State
XAN te t ge 4	cres		WHILE ME AT WORK AT A	WHILE TOO	tory, office buildin	ig, etc.)								
Xecture Page	country of the countr		22a. 1	certify that I to			escribed aba	/e, held an A	utapsy 🔲,	lnsp	ectian 🔼,	Inquiry	X, ar	nd in my apinio
Se exe	pon pon		death re	sulted from	Notaçal cau	ses 🔯 , A	griðent 🔲,	Suicide	, Hamiad	e 🔲,	Undeterm	nined mann	er	
pleose I direct	prior to		ACTUAL	1/	The same	A. 1	Les		CHIEF MEGICAL	EXAMINER				
SSORY, P funeral oy be r	a original		SIGNATURE_	10	you,	1 les	6.1		ASS STANT MEDI				ATE SIGNED	0
DEPU scessor	± E		EXAMINER'S NAME (Type)	Joh	n Kehoe	M.D.,	Riverd		DEPUTY MEDICA ADDRESS(Street,				0-UC-C	9.
necessory, the funero 5 may be	Heolth	230	BURIAL, CREMA	ION. A 23b	DATE	23c N	AME OF CEMETER	Y OR CREMATORY			LOCATION (City	or Tawn)	(Caunty)	(State)
- F	-		REMOVAL (Speci	fv) /	ine 2, 19						eming			, - ,
		24	FUNERAL DIRECT	OR V	ne 6, 12	047 1172	ADDRESS	oulevar inia	25a RECD	8Y REGI	STRAR	2Sb REGISTRA		
VR A15A	ME (5)	Iv	es Fun	eral Ho	me 🔏	vlingto	n Viro	inia	DATE	N S	5 1969	There	anced !	

	1 17314 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0731	0
HEALTH DEPT.	1 DECEASED NAME First Middle Last 20, DATE KNOWN Month Do	y Yeor 25 HOUR
is to to of	(lype or Print)	9 1912:31ar
delay is and 3 to M3 Poge	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD	2d HOUR
ny delay is 2, and 3 to PM3 Page	Male White 10-7-1922 46 YRS WONTHS OAYS HOURS MIN Month 500 20 6	Yeor 192: 50amM
Pood Pood	70 BIRTHPLACE (State or fareign 7b. Cit/Zen of What Country? 8 Married Never Married 9 County of Death	
form form	COUNTY Oklahoma USA WIDOWED DIVORCED Prince George's	Md
Page Page (ith Sta	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (f not in hospital 120 LSLA, OCCUPATION (Kind of work done 12)	KIND OF BUSINESS OR
24 hours ofter death in Item 18. Give Pages 1, 75 Office along with form es ood 2 with the State Death is differ death.	Cheverly Prince George Hospital Asst. Reg. Manager 100	
s offer 18. Gn 9 olong 2 with deoth,	Acadansson STATE OHIO DISTINCTION CONTROLS TO STATE OHIO DISTINCTION OF THE OH	acture
Jrs of the ce of	DOX-177	DRIVE
hour Item Saffice	14 FATHER S NAME First Middle Lost IS. MOTHER S MAIDEN NAME First Middle	lost
thin 24 mull in nimers in proges hoors	William Earl Davis Janette Sanders 160 WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO. 17, INFORMANT Steubenowisk 1e. 0]	65.0
be executed within 24 hours "pending in pencil in Item I lief Medical Examiner's Office ansit permit. File poges 1 ord 2 event within 72 hours after or	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Steubenowiss Le, O. (Yes, no. orunknown) 3/17/45-10/1945 Yes. Ruth P. Davis, 100 Jacks	nio On Drive
with person per Example File		APPROXIMATE INTERVAL
ured In Init.	1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
xec ndin Aedin peri	MMMEDIATE CAUSE (a) Transection of spinal cord at C-7-T-1	
per e le l'iper le l'iper le l'iper l	Conditions, if any, which gove) iss to immediate cause (a) (b) and Bilateral hemothorax	
P C P E	stating the underlying couse (0). Stating the underlying couse (DUE TO OR AS A CONSEQUENCE OF Multiple rib fractures	
should be executed wire word "pending" in perior the Chief Medical Example buriol-transit permit. File I in ony event within 72	lost.	
INER: This certificate shauld be executed within 24 hours ofter death he certificate writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiners Affice along with form files 3 should be used as a buriol-transit permit. File pages Toyd 2 with the State Departion, or removal, and in any event within 72 hours after death.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
A rifing and a look	Z	
vert with with with well well well with well well well with well well well well well with well well well well well well well wel	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
XAMINER: This certificate to the certificate writing the yet a should be forwarded to your files agong 3 should be used as a cremation, or removal, and		YES 🔼 NO 🗌
i T fiffic Id b Uld	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Yeor 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item HOUR A M.	
INER: The certific should be files a should build buil	CAUSE OF DEATH 12:30 mm 5-20-19 69 Occupant of car involved in collist 21d N.JRY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town (1)	
the the 4 s dur fur fur fur fur f	WHILE MOT WHILE are factory, office building, etc.	Caunty State
o DEPUTY DICAL EXAMINER: necessory, pleose execute the cert the funeral director. Page 4 should 5 may be refained for your files of FUNERAL DIRECTOR: Page 3 should theolth prior to burial, cremation,	The state of the s	
Exe exe exe of the following uring the following the follo	22a. I certify that I taak charge of the remains described above, held on Autopsy . Inspection . Inquiry, Inquiry, death resulted from Natural classes Accident Suicide Homicide Undetermined manner	ond in my opinion
Sse rector in ect of b		ı
Directine retaine par to by gar to by	ACTUAL SIGNATURE M.D. ASSISTANT MED CAL EXAMINER 226 DATE SIG	Nen
Page 1	NORMATORE TO A PROPERTY METERS OF THE PROPERTY	1-69
O DEPUT) necessory, the funero 5 may be 0 FUNERA Health pr	NAME (Type) John Kehoe MD Riverdale, Ad. ADDRESS (Street, city, town, or county)	-0.7
TO DEPUTY SICAL EXAM necessory, pleose execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health priar to burial, crem	230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	unty) (State)
_		
	Burial May 24.1969 Hominy City Cemetery Hominy Osage Co Jack Powell Funeral Home, Hownthy, Oklahoma 250, KO BY RIGISTRY OF Archart Funeral Home Inc., La Plata, Md. DATE DATE	All stodal.
VR A15ME (5) TOM REV 1/68	Arehart/Funeral Home Inc., La Plata, Md. DANE 20 1000 //	() (



		1				DEPARTMENT OF			
ž	• 1		ก7315	DIVISION OF VITAL RECORD			IMORE, MARYLAND 21	0731	1 -1
· ·		L			CERTIFICA	ATE OF DEATH		0.0]	1 1
	# da # # # # # # # # # # # # # # # # # #	FI, D	ECEASED NAME First	Middle		Lost ,	2a. DATE OF DEATH	(Day (CV.	2b. HOUR
	er death funeral i I and fer death		Type or print) RENAT		DEL	PINO	Month 2	4 Day 69 Ye	128P.M
	fter e fu es l fter	3 5	EX	4. RACE		S DATE OF BIRTH	6 AGE (In ye last bathda	eors F JNDER I	YEAR IF UNDER 24 HRS. DAYS HOURS MIN
	or the f		a;e	White		2-17-22	77	YRS.	DATE TOOKS MIN
		70.	BIRTHPLACE (State or fareign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED 5	NEVER MARRIED	9 COUNTY OF DEATH		
	4 585 Y	L_	CORA	CUBA	WIDOWED [DIVORCED [Prince Geor	rge	Md.
	filled pape	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INST FUTION (If not	t in hospital 12a USU	AL OCCUPATION (Kind of work	k done 12b KI	ND OF BUSINESS OR
	etely arbon nt, will		heverly	Prince Geor	ge Gener	al Hospital	ast at working life, even if re	etired) INDUS	IRY
	ed car car ent,	13a	USUAL RESIDENCE (Where deceo:	sed lived, if institution. Residence before	re 13c CTY OR 1	TOWN 13d INSIDE CITY 1	IMITS? 13e. STREET AND NUM	ABER	
	down of the control o	uuiii	Marylar	13b. COUNTY	Lanham	YES 🔀 N	0 5417 85t	h Ave. A	ot .1
	a de la	14	FATHER'S NAME First	Middle Lost	3 15	MOTHER'S MAIDEN NAME I		liddle	Lost
	8 5 5		NAUL	M. DELF	INO	CELI	A		PEREZ
	requires that the death certificate by physician. I signed by the attending physician burial-transit permit. Then please burial, cremation, or removal, and	160	(es, no, or unknown) (11 yes give v		YNO. IMB	rie Renato	5417 85TH	AVE /	Apr 441
	tific n p val,		es, no, or unknown) (if yes give v	220-50-	-78/6		Same LAN		MPI TI
	Ger The The			y one cause per line far (a), (b), and ((t))	ı	,	1	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	he death cei attending p permit. The ion, or remo	1	PART . DEATH WAS CAUSE	D BY. ATE CAUSE (0)	BARDI	AL INF	ARCTION		HOUR
	ertre		7	DUE TO, OR AS A CONSEQUENCE O					
	t the the sit p		Conditions, if any, which gave		OS CLET	ROTIC HEI	ART DISEAS	E	
	that in. by 1 ons rem		rise to immediate cause (a), stating the underlying cause(DUE TO, OR AS A CONSEQUENCE (
	sicio ed l al-tr		last	(c)					
	equires tha physician. signed by burial-tran burial, cren		PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE OR	ONDITION GIVEN IN PART 1(a))	
*	ng en he he	22							
A	AN: The law requires that the death certificate be executed within all ar attending physician. It is seen to be a signed by the attending physician and capitalety filles far use as the burial-transit permit. Then please remove carbon particularly priar to burial, cremation, or removal, and in any event, within	CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20o AUTOPSY?	20b IF YES, WERE FIN	NDINGS CONSIDERED	O IN CERTIFYING
	The atternation by the se of the point of th	層				YES NO	CAUSES OF DEATH?		
	rsician: aspital ar certificate hed far un		21a ACCIDENT WAS UNDERLYIN		21c. HOV	W INJURY OCCURRED (Ente	r nature of injury in Part 1 or	Part 2, Item 18)	
	CIA Difficial difficial of the	MEDICAL	or contributing Cause of Deat (If either, notify medical examin		ar 19				
	PHYSICIAN: he haspital ar this certificate letached far u Dept. af Heal	₹	21d IN RY OCCURRED 21a	PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING ETC		ATION Street or R.F.D No	City or Town	County	Stote
	DING PHYSICI by the haspit After this certif be detached State Dept. af		at work at work						
	ATTENDING stained by th CTOR: After i shauld be di ith the State		22a. I certify that (I) (th	is hospital) ottended the deced live on APRIC	sed from	JANUARY 19	68, 10 MHY	, 19.6.5,	that (I) (we) last
	A PA		saw the deceased a	live on APRIL	_19 <u>67</u> , and	that in (my) (our) api	nian death accurred on	the date and l	hour and from the
	ATTE etaine CTOR: shauf		22b. SIGNATURE	e, (I) (we) (did) (did not) view th	e body after de	eoth.		T	
	At OR ATTENI y be retained L DIRECTOR: A age 3 shauld filed with the		220. SIGNATURE	0/10 to	DEGRE	ATTENDING 17 A	MED STAFF DIRECTOR PHYS.	22c DATE SIGN	
	D G G G G G G G G G G G G G G G G G G G		22d. PHYSICIAN'S	The court of	DEGRE	PHYS CO	IRECTOR - PHYS	1 7 - 7	6 /
	RAL RAL Pe		NAME (Type) FIDE	L J. QUINTAWI	3	8715 FIRS	T AUE SIS	SPRING	· MD.
	Page 4 may be retained by the hrope to Funeral Director: After this director, page 3 shauld be detac shauld be filed with the State Dep	23a.	BURIAL CREMATION. 23b		OF CEMETERY OR C		Total Incation (ch	(m) II	
	Pag.	10		AY 7, 1969 FORT		_	23d LOCATION (City or Tow COMAR P	RINCE (COUNTY	(State)
	F- F	24	FUNERAL DIRECTOR	ADDRE				ISHABO TONA UN	O, IVID!
	VR A15 (4)		W. CHAMBER		nualE.	MD. DAMAY	REGISTRA 69 25b EEE	0	0.



MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07312 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED NAME 2a DATE KNOWN 2b HOJR (Type or Print) ESTI-OF Elzzie 1969 Richard Dement 5:10 DEATH MATED IF HNDER 24 HRS 3 5EX 4 RACE S DATE OF BIRTH 6 AGE (In years IF JHDER I YEAR 2c. DATE PRONOUNCED DEAD 1069 29 Year Male May 19, 1892 W 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Md. USA WIDOWED [DIVORCED [Prince George 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind at work dane 112b KIND OF BUSINESS OR dunen most of working life, even if retired.) Prince George Hosp. Tobacco Cheverly 130 USUAL RES DENCE (Where deceosed lived, finishtution Residence befare 13c CITY OR TOWN 3d (NS/DE C TY JIM/IS? 13e. STREET AND NUMBER 13b pountince George odmiss on) STATE Clinton 7838 Den Lee Brive. YESO NO I 14. FATHER'S NAME First IS MOTHER'S MAIDEN NAME First Middle James E. Dement Sara V. Jenkins forworded to the Chief Medicol Exominer's 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 9411 Jawwson Ave. 16b. SOCIAL SECURITY NO 17. INFORMANT (If yes give wer or dotes of segarch 7-36-6922 (Yes, ng or unknown) Richard Dement Ft. Wash, Forrest, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I, DEATH WAS CAUSED BY Heart failure MMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown Conditions, if any, which gove rise to immediate cause (a), This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 160 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [NO J 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection . Inquiry or. ond in my apinian death resulted from: Natural causes. Suicide . Homicide Accident . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE. 5-30-69 DEPUTY MEDICAL EXAMINER 2 EXAMINER'S NAME (Type) John Kehoe, M.D., Riverdale ADDRESS(Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23a. BUR AL CREMAT ON 23d. LOCAT ON (City or Tawn) (County) REMOVAL (Specify) Resurrection-250. RECD BY RECEIVED TO THE RESIDERAN GOVANIREMO. Huntt Funeral Home Waldorf, Md. DATEJUN VR A15ME (5) Miles of a Judge 10M REV 1/68



1	,⊥t	ems6&24 Filr 3413 MARYLAND STATE DEPARTMENT OF HEALTH	
	6/	9/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7313
FOR STATE	Τ±	en#23b.FilmGb13 6/MEDICAL-EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 0	conservation of the second of	
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after death or 8. Give Pages 1, 2 along with the State Depteath.	10.4		S. KIND OF BUSINESS OR DUSTRY
# # d		Cheverly Prince George Hosp	
s after 18. Gir along		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	70.13
N 00 0 3 00 1	L°	dmission) STATE Md. 136. COUNTPrince George Hillside YES NO X 5290 Marlbord	Pike
haurs at them 18. Office at 10.	14. 1	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
4 = 0 = E		GEORGE T, LUDLEY BARLES LAVENIA h	LOOK NEINCE
hin 24 ncil in niner's pages haurs	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
within pentil xamine ile page 72 hau	0	(es, na, ar unknown) (It yes give wor ar dates of service) 237-22-4048 Frank J. DiFrancesco 5290 Marl	boro Pike
should be executed with world be executed with world "pending" in perting the Chief Medical Examural-transit permit. File in any event within 72	\vdash	Hillaide Mi	APPROXIMATE INTERVAL
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F AM		Coronary artery occlusion	days
ber ans	1	use to immediate cause (a) (b)	aay b
al tr		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	7779.0
should be executed within 24 hours after death be word "pending" in pencil in Item 18. Give Pagin a the Chief Medical Examiner's Office along with burial-transit permit. File pages 1 and with the Stall in any event within 72 hours after death.		hrterioscierotic heart disease	yrs.
This certificate should feate, writing the word be farwarded to the CB or removal, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
vertificate writing the rwarded to used as a basel and	100		
certifi arwan used maval	AT.0	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
ate, ate for rem	CERTIFICAT.OM	WAS PERFORMED?	YES 🖟 NO 🗀
AL EXAMINER: This certificate should be executed within 24 execute the certificate, writing the word "pending" in pencil in rr. Page 4 shauld be farwarded to the Chief Medical Examiner's 1 far your files. TOR: Page 3 shauld @e used as a bural-transit permit. File pages urial, crematian, ar remaval, and in any event within 72 haurs		2 a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	18)
NER: T certification in the stand of the sta	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
KAMINER: te the certing 4 shauld your files. togs 3 shauld crematian,	MED.	21d NURY OCCURRED 21e PLACE OF INJURY (At hame farm street 2 f LOCATION Street or R.F.D. Na City or Town	County State
ute th lige 4 yaur yaur Page , crem		WHILE NOT WHILE factory, affice building, etc.)	
necessary, please execute the cert the funeral director. Page 4 shault 5 may be retained for your files. FINITE DIRECTOR: Page 3 shault prior to burial, cremation.			and in my anining
ICAL E) executor. Poged for Secutors for Sec			and in my apinian
ose arector or o	1	death resulted fram: Natofal causes 🔀, Accident 🗌. Suicide 🔲, Hamicide 🔲, Undetermined manner 🗀	J
please er director retained DIECTO		ACTUAL CHIEF MEDICAL EXAMINER CONTROL	
iny, ple eral di be retu be retu		SIGNATURE ASSISTANT MEDICAL EXAMINER	
Sa S		EXAMINER'S John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER & 6-1-6	29
O DEPUTY necessary, if the funeral S may be r FINITE Health DITTE		NAME (Type) ADDRESS(Street, city, town, or county)	
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and Mark	nour	7a 1	RTHPLACE (State or foreig	ır 7b	CITIZEN OF WHAT COU	NTRY?	MARRIED NEVER MARR	ED 7 9 CC	OUNTY OF DEATH			
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requires that the death certificate be executed within 24 hours after death. 3 physician. I signed by the attending physician and completely filled in 16.7the funeral burial-transit permit. They please remove carbon papers. Pages 1 and 2	6	130. odmi	USUAL RESIDENCE (Where ssion) STATE Maryl	deceosed and		idence before	3c, CITY OR TOWN 13	H. INSIDE CITY LIMITS?	13e STREET AND 4805 De			
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The low re or ottending e has been use as the	prio '	CERTIFICATION	190. DATE OF OPERATION	196 CO	IDITION FOR WHICH OPE	RATION WAS PERF	ORMED 200. AUTOP:	NO 🔀	20b. IF YES, WER CAUSES OF DEAT		ONSIDERED IN C	RTIFYING
PHYSICIAN: e hospitol or nis certificate		MEDICAL CER	21o. ACCIDENT WAS UND ☐ OR CONTRIBUTING ☐ CAUSE (If either, notify medicol	OF DEATH	216. TIME OF INJURY HOUR A.M Mont P.M.	h Doy Yeor	21c. HOW INJURY OCCU	RRED (Enter not	ure of injury in Port	I or Port 2,	Item 18.)	
5 PHYSIC the hospit this certification	State Dept.	ME	21d INJRY OCCURRED While Not while of work	21e PL	ACE OF INJURY (AT HOME OFFICE B		RY.) 21f LOCATION Street	or R.F.D. No	City or Town	1-	County	State
by tfter pe	Stat		220. certify that (l) (thus	tossital) attended e op/////// i) (www.(did)/didiso	the deceosed	yom/ 75 ond that in (my	, 19): (sus:) op:nion	, to ///// death occurred	19. on the do	te and hour	(I) (syec) lost and from the
OR TIENI be retained JIRECTOR: A e 3 should	ith it		22b. SIGNATURE	bove/((qid) (qidix	(a) view the bo	/	7.		22c.	DATE SIGNED	
DIRE	led w		1//_(.	(1/1)	Culsa	us	DEGREE PHYS.	DIRECT	TOR PHYS.		DATE SIGNED 5/17/69	
TO HOSPITAL Poge 4 may TO FUNERAL I director, pog	should be filed with the		22d. PHYSCIANS- NAME (Type) Wi	llia	n C. Weinti	caub, M.	D. 22e. ADDRI Prof		l Bldg.,	Greent	elt, Md	. 20770
HOS ige 4 FUN	houl	230	BUR AL, CREMATION,	23b. DAI	E		METERY OR CREMATORY	- (d LOCATION (City of		(County)	(Stote)
		-B	REMOVAL (Spec fy) FUNERAL DIRECTOR	5/2	0/69	Ft. I	Lincoln	CSo. REC'D BY REC	olmar M	anor REGISTRARS		Md.
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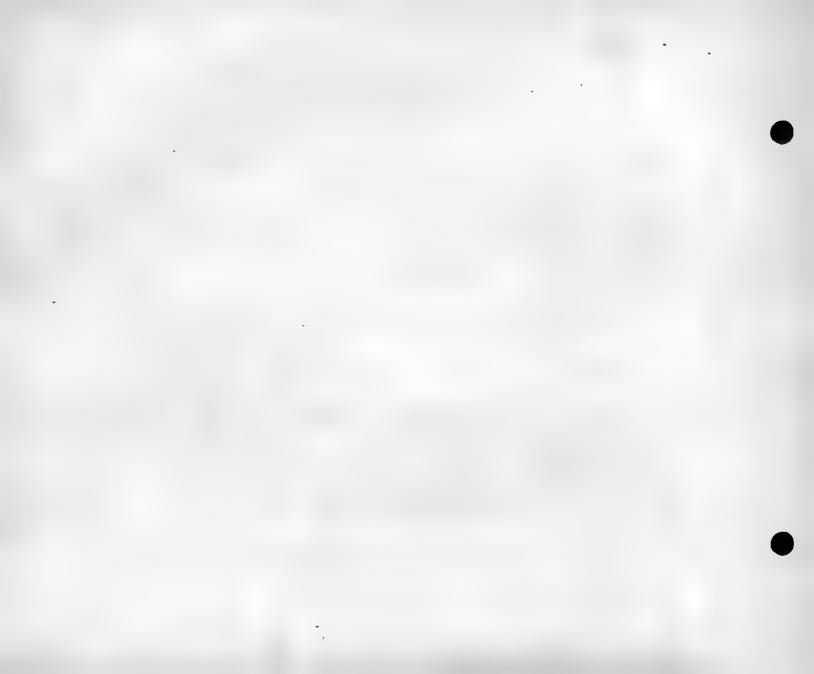
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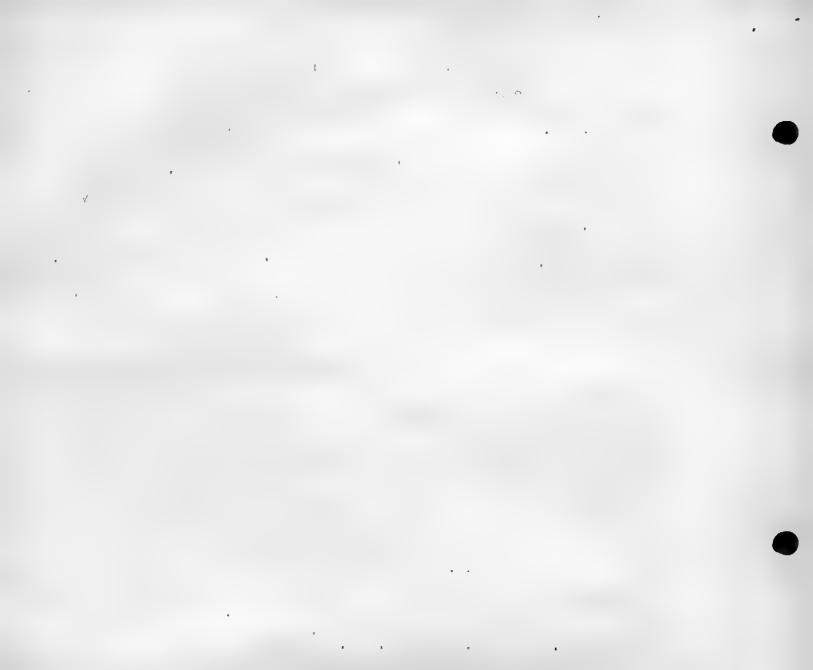
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		2 2		,	07320	CERTIFICATE			07316
	within 24 hours after death	ond	İ		LACE OF DEATH . COUNTY Princes	Clarge_ MARYLAND	2. USUAL RESIDENCE (Whe o. STATE MARL	re deceased lived, if institution b. COUNT	n Residence before admission)
	urs afte	Pages noors aft		Ь	CITY OR TOWN (It outside carparate limits, write RURAs and give nearest town)	C. LENGTH OF STAY IN 16	c CITY OR TOWN (If autsid	e carparate limits, write RUR/	eights
	hin 24 ho filled in	opers" in 72 hc	• 5	d	1. NAME OF HOSP TAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS	Seveca Da	e. IS RESIDENCE ON A FARM? YES ☐ NO
1.	1	remove carban popers! Pages 1, n ony event, within 72 hobrs after	/-	(NAME OF DECEASED Type or print) ARCHIEL	nald Vincent	DIXON	OF Month	1 6 = 1969
(1)	executed with	ony eve	1		TITLE I VIGO	IARRIED NEVER MARRIED 8	DATE OF BIRTH 147-21-189	9 AGE (in years lost burthdoy)	Months Doys Hours Min. 12 CITIZEN OF WHAT
	ertificate be ex	pleose re		durii	JSUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & S ARY 14. MOTHER'S MAIDEN NAM	AND	COUNTRY?
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	e death	permit. The		(Ye	(If yes give war ar dates of serving to the serving	217-36-6344 VIR	gie M. Dix		SAME ASTIEM 2
	thot than an.	ronsit p			PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) UNITED BY IMMEDIATE CAUSE (o) DUE TO	Coronary	1 krom bo	200	INTERVAL BETWEEN ONSET AND DEATH
	aquires the physician. sianed by				Conditions, if any, which gave rise to immediate cause (a), (b)	<i>U</i>		-	
0	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the hospital or attending physician. NRECTOR: After this certificate has been standed by the ottending physician and comple	as the prior to	,	_	stoting the underlying couse (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
1	AN: The	for use Health	X,	CERTIFICATION	200 ACCIDENT WAS UNDERLYING	20b DESCRIBE HOW INJURY OCCURRED ((Enter noture of injury in Pol	rt I or Port II of item 18.)	YES NO
	OR ATTENDING PHYSICIAN: be retoined by the hospital or DIRECTOR: After this certificate	be detached Stote Dept. of		MEDICAL CER	OR CONTRIBUTING □ CAUSE OF DEATH { FEITHER, NOTINE MEDICAL EXAMINER} 2Dc. TIME OF INJURY Manth, Doy, Yeor Haur o.m.		CE OF INJURY (Hame, farm, ory, street, office bldg, etc)	20f. (City or tawn)	(Caunty) (State)
	DING I	be de Stote [WE	p m. 19 21. I certify that (i) (this haspital	at work of work of work attended the deceased from	Jan , 19	61, to May	6, 1967, that (I) (we) last
•	ATTEN retoined	should with the	9		saw the deceosed alive on JC	7 = 110	at death occurred at 5	ED. STAFF	ond on the date stated above. 22b. DATE SHONED 6 6 7
	SPITAL OR 4 moy be	page oe filed	1		22c. PHYSICIAN'S Frank.	J. Talbot MI	D. PHYS DI 22d. ADDRESS 47	IRECTOR DEPHYS L 2/3 Branc 10W H219	hAve St
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending to sunspan DIRECTOR: After this certificate has been	director, page 3 should be detached for use as the shauld be filed with the Stote Dept. of Health prior to		2 3c	Burial, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 5-9-196		CREMATORY Cemetery	23d. LOCATION (City or Total Suitland.	wn) (County) (Store) Maryland
	VR	A15 (4) M. 1/66	12	5	ETHERAL DIRECTOR Bros.	ADDRESS GOOD Hope Rd SE	D.C. 250. RECD E	BY REGISTRAR 2Sb. RE	GISTRAR S SIGNATURE
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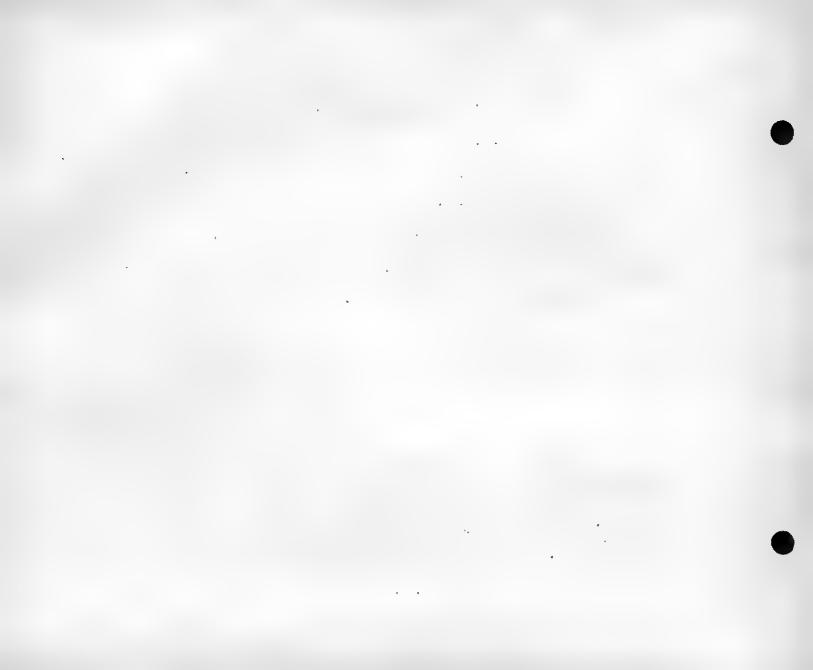
1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7317
FOR STATE	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost Lost RNOWNED Month D	Y la valla
• HEALTH DEPT.	- ['	(Type or Print)	Doy Yeor 25 HOUR
y delay is , and 3 ta PM3. Page	L		
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farm Paris	(0)	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Prince George's	
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Page with f	1	Cheverly Prince George Hospital Engineer	ADJSTRY Planning
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hin 24 haurs after death and in Item 19. Give Pages 1, ainer Office along with farm pages 1 and 2 with the State Dephaurs after death.		Tary and Jb. COUNTY (Silver Spring YES NO 1 9203 New Hampsh	ire Ave.
Tand 2	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 hours office es land2		William O. Dobbins Mary Cothran	
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writ writ rwa sed	ATIO	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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ifical if	1 5	210 EXTERNAL CAUSE WAS 21b TIME OF N. JRY Month Doy, Yeor 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item PRIMARY) OR CONTRIBUTING HOURAM.	n 18)
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	* ₹	21d INJURY OCCURRED 23e PLACE OF NUNRY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town forthers office building etc.)	County State
		WHIE THOU WHILE Glen Dale Crossing near Duvall Rd., Glen Dale, Md. P.G. C	0.
ICAL EXA recute for. Page ed far yau CTOR: Page		22a. I certify that I taak charge of the remains described above, held an Autopsy [], Inspect on [24], Inquiry [],	and in my apinian
SICAL blease exert director. P ertained fail DIRECTOR		death resulted from National causes 📝 Accident 🔲 Suicide 🖾 Hamicide 🔲 Undetermined manner 🕻	
ease lired tain tain ta		CHIEF MEDICAL EXAM.NER	
Ty, pleceral director of prior 1	51	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SI	
DEPUTY cessary, e funera may be FUNERA	4	1 EXAMINER'S / 1	-18-69
necessary, please the funeral direct 5 may be retaine to FUNERAL DIRECT Health prior to be		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, cty, town, or county)	
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		remation / // // Jevov Octai hill Orematory Sultiand, Maryla	
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10M REV 1/08	1	Joseph Gawler's Sons, 5130 Wisconsin Av., NW	0 0



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is certificate to writing the forworded to be used as a breenoval, and	NO	PART 2. OTHER SIGNIFICANT COND				RMINAL DISEASE	e or conditio	N GIVEN IN PA	ART 1(0)			
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KAMINER: The tertificate of the certificate of the strong the following the following the strengtion, or tremation, or	MEDICAL CE	216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. P.M.	RY Month, Day, Year 19					Port 1 or Part 2	2, Item 18.)		
	ME	21d INJURY OCCURRED 21e for at work At work	PLACE OF INJURY (At ho tory, office building, etc	me, form, street,)	21f. LOCATIO	N Street of R F.	.D No	City or 1	Town	County		State
bical examilease execute the director. Page 4 stained for your DIRECTOR: Page r to burial, crem		220 1 certify that I to death resulted fram:	ook charge of the re Natural couses				, Ins	pection Undeter	Inquiry mined monn		d in my	y apinior
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ro DEPUTY necessary, p the funeral 5 may be re to FUNERAL Health prio		EXAMINER'S NAME (Type)	Kehoe, M.), Rive	dale	DEPUTY N	MEDICAL EXAM! (Street, city, to	NER X	5 <u>-10</u>	-69		
To the Hear	230		y 13-69		emetery or cremi gton Na			LOCATION (C		(County) V1	rgi	ofe) nia
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-	07323	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTIM	ORE, MARYLAND 21201 07319
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eat eat	(Type or print) Pau	1 E.	Egenreider	2a. DATE OF DEATH AMonth Pay Yaga 18 30
in deal	3. SEX	4. RACE		WAY 5 1969 11 PM
45 9 48			S. DATE OF BIRTH	6 AGE (Int years Funder YEAR IF UNDER 24 HRS last birthday) MONTHS DAYS HOURS MIN
+ 3	Male	White	Oct. 9, 1908	last birthday) MONTHS DAYS HOURS MIN
hour s. P	70 B RTHPLACE (State or foreign country)	7b CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9.	COUNTY OF DEATH
4 25.	Pennsylvania	U.S. A.		Prince George Md.
within 24 within 77	IO CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II	NSTITUTION (If not in haspital 120 USUAL	
ban with	C	give street address)	during mast	of working life, even if retired) INDUSTRY ITTE
physician and campletely en please remove carban aval, and in any event, will	Greenbelt 30 LS.AL RESIDENCE (Where days	73 G. Ridge ased lived, if institution Residence before	13c CITY OR TOWN 13d INSIDE CITY LIMITS	ory Worker Factory
amplere ve cart event,	admission) STATE .	12C COUNTY		
Car car	Md.	P.G.		73 G. Ridge Road
nd lan	14 FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME First	Middie Last
be n a se	John	Egenreide	er Cathe	rine Bickner
diricid an	16g WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL SECURITY		Address
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cert The pl				APPROXIMATE INTERVAL
at the death cer the attending p nsit permit The mation, ar rema	PART I DEATH WAS CALS	In y ane cause per line for (a), (b), and (c	DOINE INTERD	
mil mil	IMMED	NATE CAUSE (a)	KUING HVFAK	TION, ACUTE BEIWERN CHISET AND DEATH
ath per ion	7/11	DUE TO, OR AS A CONSEQUENCE OF		*
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The law requires that the death certificate be executed within attending physician. has been signed by the attending physician and campletely fills se as the burial-transit permit. Then please remove carban path prior ta burial, cremation, ar remaval, and in any event, within	lost.	(c)		
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da as	S. Lyo and D. Charles	CONDITION FOR WHICH OFERATION WAS P	/	206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
= = = sst			YES NO 🗹	
AAN Cate of the ca			21c HOW INJURY OCCURRED (Enter no	ture of intury in Port 1 or Port 2, Item 18.)
これにある	OR CONTRIBUTING CAUSEDF DE (If either, natify medical exam	iner) P.M.	9	
tys ce che pt.	₹ 21d. INJURY OCCURRED 21d	PLACE OF INJURY (AT HOME, FARM, STREET E	CTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town County State
P. P	While Not while at work			
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4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	saw the deceased	alive an APKI A	1969 and that in (mo) (aur) apiala	n death accurred on the date and hour and from the
# # # # # # # # # # # # # # # # # # #	causes stated abov	e, (I) (will (did) (did not) view the	bady after death.	- account accounted but the date and main and main life
A S D S S S S S S S S S S S S S S S S S	22b SIGNATURE/	1/	A sex	22c DATE SIGNED
OR G	1 / Littern	K Manda	DEGREE PHYS DIRECT	== STATE == 12 // / / / //
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E B B B B B B B B B B B B B B B B B B B	MADAC ITem A	nur Kaufman, M.I		Manuland
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. FO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-trar shauld be filed with the State Dept. af Health prior ta burial, cre				
Gge FU Fu	DEMOVA (Spanish)	4		3d LOCATION (City or Town) (County) (State)
5-5,	24. FUNERAL DIRECTOR	/7/69 East H	arrisburg Cemetery	Harrisburg Dauphin Pa
VR A15 (4		ADDRESS	2So. RECD BY R	EGISTRAR 25b. REGISTRAR S SIGNATURE
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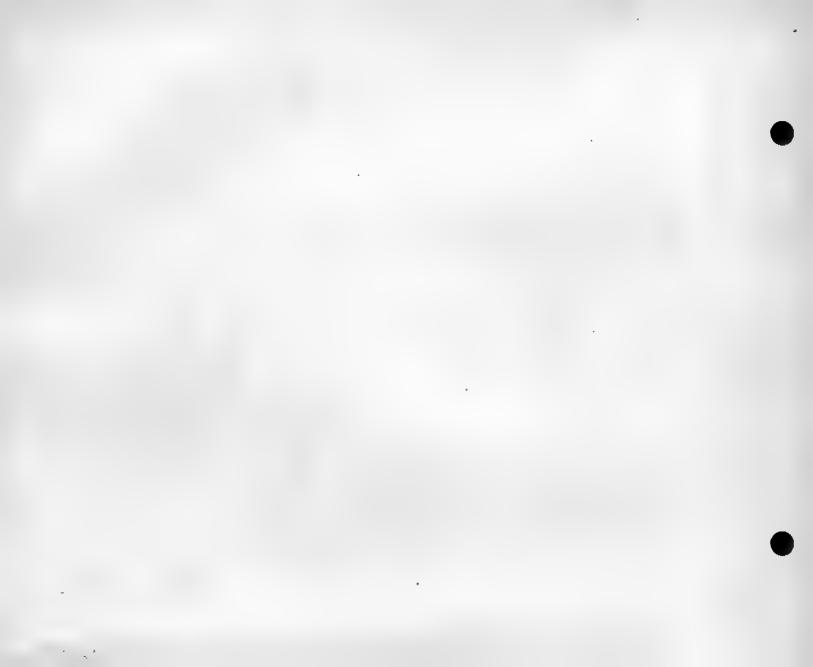
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07320 CERTIFICATE OF DEATH DECEASED-NAME Middle Last First 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. Month /7 Y (Type or print) MARY ELROD 0130 M EEROL 3 SFX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS ! CLEVS HOURS 6 NOV FEMALE YRS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH and campletely filled in by ^{B.} MARRIED 🦳 NEVER MARRIED 💢 country) GEORGIA GEORGES U.S. PRINCE WIDOWED [7] DIVORCED 1 and in any event, within 72 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITA: OR INSTITUTION (If not in hospital 12a, USUAL OCCUPAT ON (Kind of work done 125 KIND OF BUSINESS OR during most of working life, even if retired.) MILITAR MALCULM ng physician and campletely f Then please remove carban AF. BASE GHOW VSA 13a USUAL RESIDENCE (Where deceased aved, if institution Residence before 113c, CITY OR TOWN 134 INSIDE CITY DW TS7 13e. STREET AND NUMBER admission) STATE YES K 1310 N. OAK ARLINGTON 14 FATHER S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle Last BLANCHE FRYIN ROD ATON 16b SOCIAL SECURITY NO. 7 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wer or dates of service) Yes, na, ar unknown) 252-03-4678 MARGERY GUM BEL burial, crematian, or removal 18. CAUSE OF DEATH (Enter only one cause per line for-(a), (b), and (c)) BETWEEN DINSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF þ stating the underlying cause signed t PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 163 use as the lath priar tak attending this certificate has been 19g. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO F be retained by the haspital ar 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) ū TO DR CONTRIBUTING TO CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. detached with the State Dept. 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21d INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City of Town County State White Nat while at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) ottended the deceased from... saw the deceased alive on 12 MCV 1961 _, and that in [my] (aur) apinion death occurred on the date and haur and from the causes stated above, (1) well (did) (did not) view the body ofter death. 22b. SIGNATURE directar, page 3 shauld be filed GC DEGREE O HOSPITAL PHYSICIAN NAME (TYP ORCE 230 BURIA FREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City 23b DATE (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS RECD BY REGISTRAR VR A15 (4) 30M REV 1/68



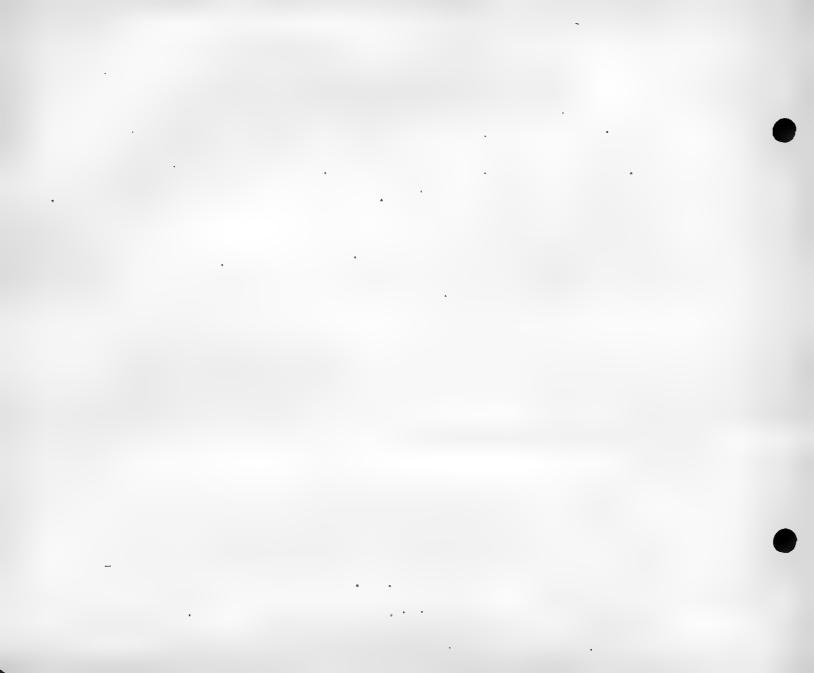
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	07325	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	07321
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= -75	1. DECEASED-NAME	First Middle	Lost	2a. DATE OF DEATH	2b. HOUR
lear lear	(Type or print)	7/5/F B.	EN	Month Day	10 10 112 H
2 5 77	3 SEX	4. RACE	S DATE OF BIRTH	AGE (In years	E UNDER I YEAR H UNDER 24 HRS
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by Pour	70 BIRTHPLACE (State or fore-	gn 76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
erfificate) be executed within 24 haurs after death physician and campletely filled in by the funeral nen please remove carbon papers. Pages front avoil, and in any event, within 72 hours are constitutional.	country) Marylan	d U.S.A.	WIDOWED DIVORCED	Prince George	N.4
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mpl //	odmission) STATE	13b COUNTY		□□ 3109 Bunker	שלוו של
d ca may	14. FATHER'S NAME First	M ddle Last	IS MOTHER'S MAIDEN NAME I		Lost
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OR ATTENDING PHYSICIAN: The law requires that the death be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending is 3 should be detached for use as the burial-transit permitted with the State Dept. of Health prior ta burial, crematian, ar re	190. DATE OF OPERATION 210. ACCIDENT WAS UNI	DERLYING 21% TIME OF INJURY		r noture of injury in Part 1 or Part 2,	Itam 183
ficon He	₫ 🗆 OR CONTRIBUTING 🔲 CAUS	E OF DEATH HOUR A.M. Month Day Yea	10	notice of injury in roll 1 of roll 2,	ment to.j
SSIC Serfined Food	(If either, natify med cal ≥ 21d INJURY OCCURRED	examiner) P.M. 2)e PLACE OF INJURY (AT HOME, FARM, STREET, I	ACCORY) 255 105 ATION Street of D.E.D. No.	City of Tawn	County State
PHY P HY P P HY P P P P P P P P P P P P P P P P P P P	While Not while	OFFICE BUILDING, ETC.	ACTORY,) 21f LOCATION Street or RFD No	CUA OL LOND	COUNTY STOLE
T # # Be te de te	at work of work	// /ahia haanaal\ aaaaaalaabaha daaa	and from \$6 / 2 5 102	9 +0 5 // 10	/ Com sheek / (1) (com) 1 . A
Affre Plan	saw the decea	(1) (this haspital) attended the decea sed alive an	1969 and that in (my) (ever) an	nign death accurred on the dr	te and hour and from the
N. I.	causes stated	abave, (I) (we) (did) (did nat) view the	e bady after death.	THOU SOUTH GOODING OF THE GO	are and fidel and fidelities
AT STORY SET OF	22h STGNATURE	- 4 /	A TTFANTALO A	22c.	DATE SIGNED
OR be J	Mares	2 Co. Hageage,		AED RECTOR D STAFF D ///	av 1. 1969
At C	22d PHYSICIAN'S NAME (Type)	J J	22e. ADDRESS	7	2
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HO Ige rect raul	23a BUR AL, CREMAT ON,	4 4	F CEMETERY OR CREMATORY	226 LOCATION (City or Town)	(County) (State)
2 2 2 4	《開码升行码》	5/3/69 Ft.L	incoln cem.	Colmar Manor	Md .
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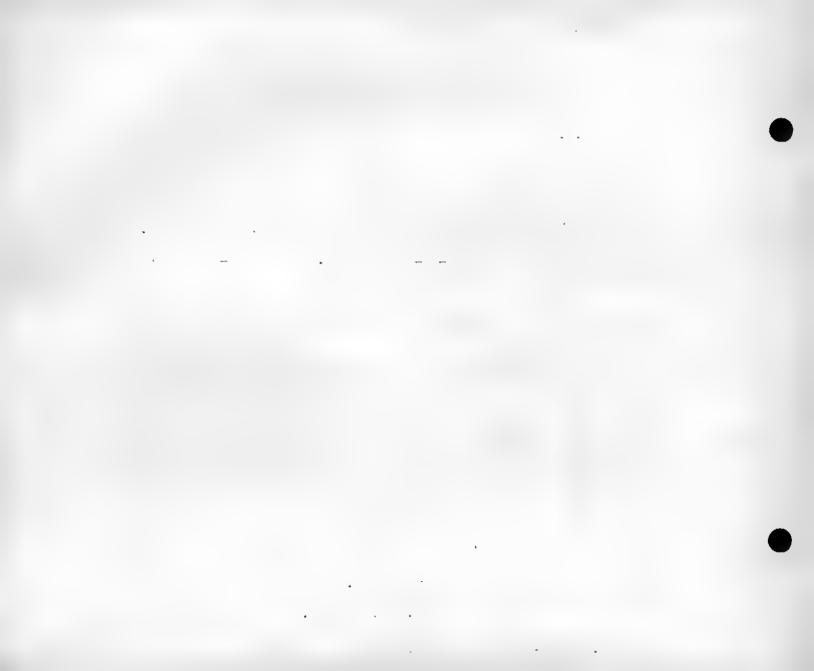
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	ecuted wit campletely ave carbar y event, w		adm	USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d HSDE CITY LIMITS? 13e STREET AND NUMBER 13c COLINTY CE CIERGES New Corrollton YES X NO 770/CITECONT ONLY
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	that the death certifian. by the attending phystransit permit. Then proceedings is transity or remayal			18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c))
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	O HOSPITAL OR ATTENDING PHYSICIAN: The faw require Page 4 may be retained by the haspital ar attending physic PruneRAL DIRECTOR: After this certificate has been signed director, page 3 shauld be detached far use as the burial shauld be filed with the State Dept. af Health priar ta burial		MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 2.f. LOCATION Street or R.F.D. No. City or Town County State While Not while
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	HO age FUN	A	230	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (County) (Stote) REMOVAL (Specify) 5-27-1969 FORT LINCOLH CEM COLLAR MANCR MAN
	5 5 5 v	311	<u> 13</u>	
	VR A15 45M - 1/	69	V	FUNERA, DIRECTOR AMBERS Co. RUERBALE, M'D 250 RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE MAY 27 1989 Climbra Junge



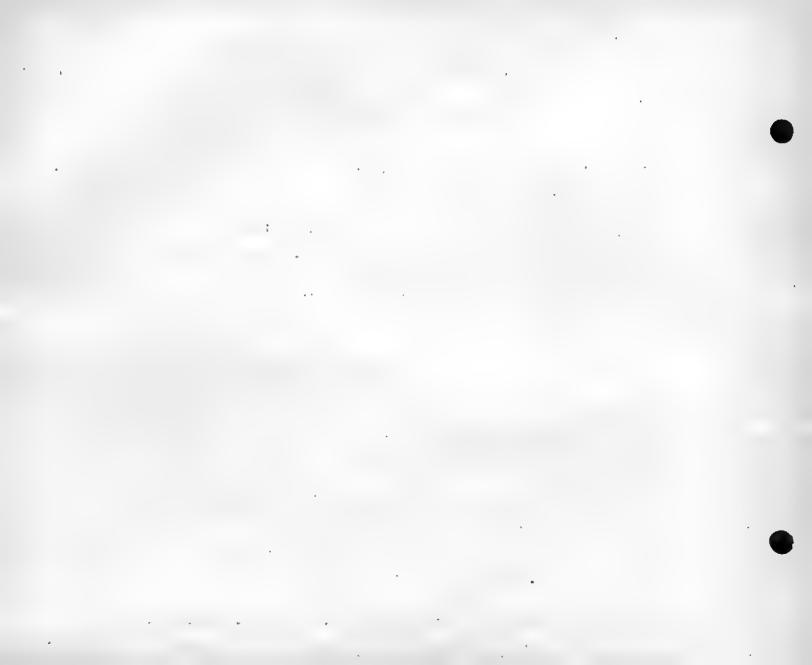
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	1	7327 DIVISION		CORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE				S'S CERTIFICATE OF DE		08796
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2 5 6 5 E		John	W	Ewell		6-69 19 M
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n n n n n n n n n n n n n n n n n n n			CITIZEN OF WHAT COUNTRY?		9 COUNTY OF DEATH	
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Pag vith	10 0	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	during	JAL OCCUPATION (Kind of work done most of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
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with soft		uSJAL RESIDENCE (Where deceosed	I ved if institution Residence before	TOC CITY ON TOTAL	TOTAL STREET HITO HOWBER	וחר בת ובת
	<u> </u>		Prince George's N			
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xecuted wil nding in pe Medical Exar permit. File it within 72						APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
mit roat		PART I. DEATH WAS CAUSED I	one couse per line for (a), (b), ond (c) BY E CAUSE (a) Liver failu	re		De Harri Brock Harb des.
Med Med		5719		Cirrhosis of live	er	
be (pe ief ief nsit		Conditions, if any, which gave	(b)			
Page 2 of 7		rise to immediate couse (a), (stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF			
should be e re ward "per to the Chief i buriol-tronsit		last	(c)			
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INER: e cert shoul files 3 shou	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 21e Pi	ACE OF TN. JRY (At home form, street,	21f LOCATION Street or R.F.D. No.	City or Town	County State
25年4年9月15日			ory, office building, etc.)		<u> </u>	
cal Exa execute or. Poge of for you TOR: Pog nurial, cre	1	22a. I certify that I too	ak charge of the remains describe	d obove, held on Autopsy,	Inspection X, Inquiry	ond in my opinion
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TY, please and direct prior to		ACTUAL SIGNATURE	Mh Mell	M.D. ASSISTANT MEDI	CAL EXAMINER 226 DATE	
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o DEPUTY CALCA necessory, please ex- the funeral director. 5 may be reto ned 6 FUNERAL DIRECTO Health prior to bur		NAME (Type) Jøhn Kel			city, tewn, or county)	
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	3	REMOVAL (Spec IV)	NE 10, 1969 BALTIM		I SALTIMORE, 1	MARYLAND
11.	24	FUNERAL D.RECTOR	(ADDRE	250 RECE	BY REGISTRAR 256 REGISTRAR S	SIGNATURE
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- 1	It	ems 18-22a Film 4	:13 MARYLAND STATE VITAL RECORDS, 301 W. P	E DEPARTMENT OF HEALT RESTON STREET, BALTIMORE	TH , MARYLAND 21201	07323
FOR STATE		117323	MEDICAL EXAMINE	R'S CERTIFICATE OF D	DEATH	0.000
HEALTH DEPT	1. 0	ECEASED NAME First Type or Print)	M·ddle	Last	2a. DATE KNOWN Man	th Day Year 25 HOUR
₩ 5 8 A M	Ľ	Raymond	H	Ferguson	DEATH MATED X 5-	13-69 199: DOamM
2, and 3 to PM3. Page	3 5	EX 4 RACE S D	ATE OF BIRTH 6. AGE	(In years IF UNDER 1 YEAR IF UND birthday) MONTHS DAYS HOURS	er 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
y d on ortn	<u> </u>		2-6-1891 77	YRS	Month Day	69 19 11:05am
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育る 孝喜ル	. 0	dmission) STATE Pland Prin	COUNTY		NO 2 1514 Fergus	on Lane
ours em ffice nd2		ATHER'S NAME First	Middie Last	IS MOTHER'S MAIDEN NAM		last
24 h		ANDREW	FERGUSON	AN	NIE A.	MOORE
in and in a single	16a.	WAS DECEASED EVER IN U.S ARMED FORCES? (es, no, agyaknown) (if yes give war ar daily	or of source)		ADDRESS	
with pen xam xam xam		140	213-38-262		YOR - SCOTLAND, MD	
af Es		18. CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY: IMMEDIATE CAUS	ause per line for (a), (b), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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5 g = ~ 5 + .	23a	BUR AL, CREMAT ON 23b DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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TALL DEV 1 /490		JOHN M. WELCH - LE	ONARDTOWN, MD.	DAIN	*	- N - N



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1			07329		CERTIFICATE OF D		21201	0132	9.4
	÷ -2+	1 0	ECEASED-NAME First	† Middle	Lost	2a. DATE (26 HOUR
	death			iam C. Fones			Month Day	3 Year 9	12 3 M
	# (##)	3. \$	On la	4. RACE	S DATE OF BIRTI		6. AGE (in years last buthday)		HOURS MIN
	S S S S S S S S S S S S S S S S S S S	7.	Marce	W	6/3/188		last birthday) 82 YRS.		
	haur in by rrs. P	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIE				
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	a (a table)	13a	USUAL RESIDENCE (Where deced	sed lived if institution: Residence before	re 13c. CITY OR TOWN 13d	L INSIDE CITY LIMITS? 13e	STREET AND NUMBER		
	ecut eve	aom	ssion) STATE Virginia	3. 13b. COUNTY	Arlington Y	ES NO 7	02 South 22	nd Stree	t
	and confirement	14.	FATHER'S NAME First	Middle Lost			Middle		Last
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	requires that the death certificate be executed within 24 haurs after death g physician. I signed by the attending physician and completely tilled in by the funeral burial-transit permit. Then please remaye carbon papers. Pages and a burial, crematian, ar remayal, and in any event, within 72 hours after geath		WAS DECEASED EVER IN U.S. AR (es, no, ar unknawn) (II yes give ND	MED FORCES? wor or dates of service) 16b. SOCIAL SECURI	TYNO. 17 INFORMANT Henry A.	Monroe, Fr	iend Address		
	rent The Pi		18. CAUSE OF DEATH (Enter a	nly one cause per line for (a), (b), and	(4) 2 .	1		APPROXIMA BETWEEN ONS	VE INTERVAL ET AND GEATH
	at the death cer	П	PARY I. DEATH WAS CAUSE !MMED	ED BY NATE CAUSE (o)	tarunoma	alords	_	14	Red
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- Park	The law reattending has been se as the the priarta	ATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPS		IF YES, WERE FINDINGS C	ONSIDERED IN CER	TIFYING
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	by the free this be deto		at wark at wark	his bosnital) attended the dece	osed from /2-///	196(10)	Vicin 13 19	69 that (I) (wa) inst
	NDI ad bi id bi id bi		saw the deceased	his hospital) attended the decer	_19 <i>69_</i> , and that in (1794)	(our) opinion death	occurred an the do	te ond hour o	nd from the
	TOR Paine		causes stated abov	re, (1) (va) (did) (did Nat) view th	ne body offer death. (1 00.	DATE CICHED	
	O HOSPITAL OR ATTENE Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	F	220. SIGNATURE	Tenner of Star	CLCC DEGREE PHYS.	MED DIRECTOR	STAFF C	DATE SIGNED	V 60
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	Page of FUN direct shaul	230		4 . 4.	OF CEMETERY OR CREMATORY		10N (City or Town)	(County)	(State)
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1	1		U7330 DIVISION OF VITAL RECO	DRDS, 301 W. PRESTON STREET, BALTIMOR	F MARVIAND 21201
		I	ems7&l3 FilmG413 6/5/69 kk	CERTIFICATE OF DEATH	07325
	er death funeral l and 2 er death.		(EASED NAME po or print) Anna S	The second secon	DATE OF DEATH May Manth 29 Day 69 Year 540 PM
	The second second	3 5	FEMALE WHITE	S DATE OF BIRTH DUNE 6, 18	6 AGE (In years IF UNDER YEAR IF UNDER 24 MRS lost birthday) Months DAYS HOURS MEN
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	within ban page within	10	TY OR TOWN OF DEATH 11 NAME OF HOSPITA g ve street address) HOME (5)	QR INST T. TION (If not in hasping) 12a USUAL OCC.	JPATION (Kind of work done working life, even if retired) 125 KIND OF BUSINESS OR INDUSTRY
	e executed within 24 and campletely filled remave carban page n any event, within 7	13a adm	ISUAL RESIDENCE (Where deceosed lived, if institution Residence soon) STATE MARYHAM 13b. COUNTY Prince Geo.	before 13c CITY OR TOWN 13d INSIDE CITY EIMITS?	13e STREET AND NUMBER 506 ELM AVE
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	affending F permit The		18. CAUSE OF DEATH (Enter only one cause per ne for (a), (b) of PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH S WEEKS
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01	2 O C O D	×	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH U TEMPER.	BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART I(a)
	The law re are a stending le has been suse as the lath priar take	CERTIFICATION	90 DATE OF OPERATION 196 COND.T. ON FOR WHICH OPERATION	WAS PERFORMED 20o. AUTOPSY? YES □ NO ☑	206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	G PHYSICIAN: The hospital ar at this certificate he detached for use to Dept af Health	MEDICAL CE	To. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CALSE OF OCATH HOUR A.M. Month Day If either, notify medical examiner) P.M.	21c HOW INJURY OCCURRED (Enter nature	of injury in Part 1 ar Part 2, Item 18)
	binG PHYS by the hosi liter this ce be detache State Dept	W	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, ST While Not white 1	REET FACTORY.) 21f LOCATION Street or R.F.D. No	City or Town County State
	by Star		2a. I certify that (1) (this hespital) attended the desaw the deceased alive an 11 and 25 causes stated abave, (1) (we) (did) (did nat) view	preased from Apr 15, 19 (0), 19 (1), and that in (my) (our) apinian d	to May 2, 19 69, that (I) (we) last leath accurred an the date and haur and from the
	o Hospital or Atteni Page 4 may be retained Puneral Director: A director, page 3 shauld shauld be filed with the	-	26. SIGNATURE	MAL DEGREE PHYS MED DIRECTOR	STAFF 22c DATE SIGNED 5/29/69.
	SPITAL 4 may NERAL I Iar, pag Id be fil		2d PHYS CIANS NAME (Type) William F. Simpson	n NO 220 ADDRESS NHC	THE 17 - DC 20011
	TO HO Page TO FU! direct	230	SULLA NUNE 2-1969 Dep	WE OF CEMPTERY OF CREMATORY 23d	COCATION (Coff or Town) (Caunty) (State)
	VR A15	1.11	Man deliers wishing on	ORES TO UN 250 REGION 250 REGION 25	TAR 25b, REGISTRAR S JIGNATURE



	1			O STATE DEPARTMENT O			
1;	07331 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
	L			ERTIFICATE OF DEAT	H		07326
death death		ECEASED-NAME First Type or print)	Middle	FOWLER	2a DATE	E OF DEATH	2b HOUR
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24 havrs after at have by the family pers Page: 172 hours off.		MALE	CAUCASIAN	S DATE OF BIRTH 7 JULY	1892	6 AGE (in years last birthday) YRS	FUNDER TYEAR OF LINDER 24 HRS. MONTHS DAYS HOURS MIN
by by	70	BIRTHPLACE (State or fareign 7 ntry)	CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED	9 COUNTY	OF DEATH	
24 F		MARYLAND	U.S.	WIDOWED DIVORCED	PRIN	CE GEORGE	'S Md
within your pour programme and programme progr	1 -	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST give street address) 4501 AUBURI		USUAL OCCUPAT	ON (Kind of work dane ting life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
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exe any any		FATHER S NAME First	M ddle Last	IS MOTHER'S MAIDEN NAI		Middle	Last y'
4 5 5	L	SAMUEL	FOWLER	LAURA		BRADY	
Hys clain n please val, and	lóo	WAS DECEASED EVER IN U.S. ARMEE (es, no or unknown) (I' yes give war o	FORCES? If doles of service) 16b SOCIAL SECURITY NO. 579054.	17 INFORMANT 562 TERETHA	3. Fou	LER SAM	EAS* 13
PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after hospital or ottending physician. This certificate has been signed by the ottending physician and completely filled in by the stacked for use as the buriol-transit permit. Then please remove carbon papers. Page Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours of		18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED E MMED ATE	ane cause per line for (a), (b) and (c)				APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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of the		Conditions, if ony, which gove a rise to immediate couse (a),	(b)				
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requestion signatures and signatures are proposed to the propo	١	PART Z OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE	OKTONDITION G	SEVEN IN PART I(a)	
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The offer see of the plant of t	HE			YES NO	CAL	USES OF DEATH?	
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SICI Spitch spitch erriff ed f	MED C	(If either, notify medical examiner)	P.M. 19				
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REN ned the		couses stated above, (e on (we) (did not) vigwithe b	, and that in (my) (our)	opinion deol	th occurred on the de	ote and hour and from the
OR ATTENION DIRECTOR: A Should sed with the		22b SIGNATURE	1/1/1/2	ATTINAMA	1410	220	DATE SIGNED
OR DIRE		4	aly /W/	DEGREE PHYS.	MED DIRECTOR [PHYS. 5	-5-69
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-	17339 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7327
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Day Year 2b HOUR
age to	(Type or Print) William James French DEATH MATED 12 5-29	-69 1912:25am
deloy and 3 tr	3 SEX 4 RACE S DATE OF BIRTH O AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 2C, DATE PRONOUNCED DEAD	2d HOUR
\$ g 看 [14]	Male Thite 4-3-1903 66 YRS MONTHS DAYS HOURS MIN Month 2007	69 91:15am M
A 77 A	70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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age age th f	10 CITY OR TOWN OF DEATH III, NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 11	126 KIND OF BUSINESS OR
	Cheverly Prince George Hospital Ret. Bar Tender	NDUSTRY Bar
urs after n 18. Give ker along d 2 with the	130 USUAL RES DENCE (Where deceosed lived, f institution. Residence before 13c CHY UK 10WN 13d MSDz CHI LIMILIS? 13e STREET AND NUMBER	
after 18.0	Pennsylvania Allegheny Pittsburg 16 No 606 Cedar Av	ohuse_
Head of the part o	14 FATHER'S NAME First Middle Lost IS, MOTTER'S MAIDEN NAME First Middle	Lost
24 hours after death in Item 18. Give Pages is Office atong with far is office atong with he state is after death.	William French Mary	?
hin 24 haurs after oned in Item 18. Give niner's Office along pages 1 and 2 with the haurs after death.	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17, INFORMANT 374 DADRESS 44 DA	rive
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d with per land per l		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ecuted ing in edical E ermit F	PART I DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) Heart failure	minutes
Me Me	DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	over l yr.
be exemine the merical management of the merical meric	Canditians, if any, which gave nse to immediate cause (a), (b)	
auld vord he Ch al-tra any	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
te shauld be executed within the word "pending" in pencil it to the Chief Medical Examine o bunal-transit permit file pagend in any event within 72 hours	last (c)	
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	The state of the s	County State
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bical EXA please execute I directar. Page retained for yau . DIRECTOR: Pag ar to burial, cre	22a. I certify that I took charge of the remains described above, held on Autopsy 🔲, Inspection 🔼, Inquiry 🔲,	, ,
br. Br.	death resulted from Natural Causes 🔀 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner [
direction to the state of the s	CHIEF MEDICAL EXAMINER	
o DEPUTY SICA Incessory, please enthe funeral director. Simay be retained FUNERAL DIRECTOR. Health priar to but	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SI	
PUJ Sany V be	LAAMINEKS //	5-29-69
necessary, the funera 5 may be 10 FUNERA Health pr	NAME (Type) John Wehoe, M.D. Riverdale, Md. ADDRESS(Street, city, town, or county)	
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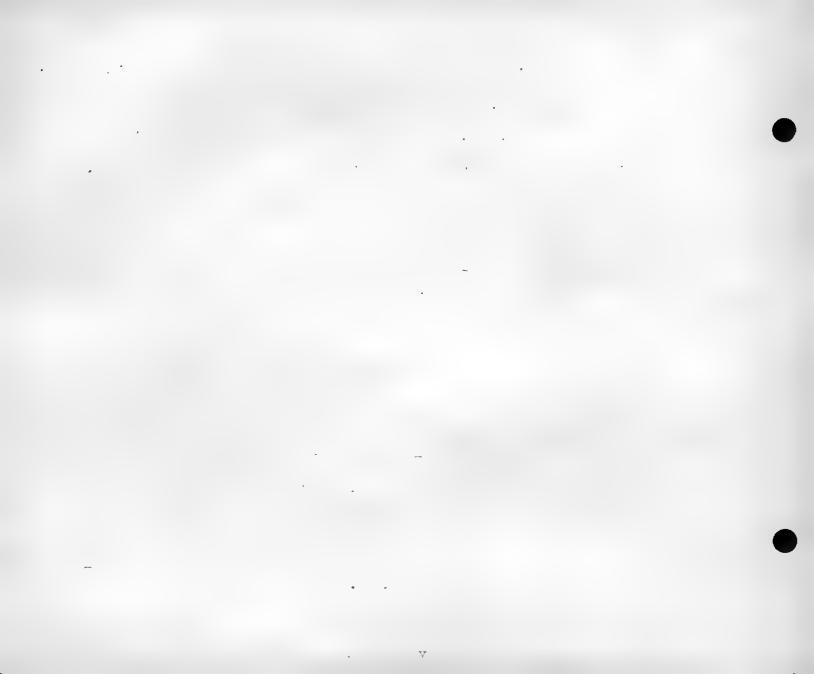
MARYLAND STATE DEPARTMENT OF HEALTH



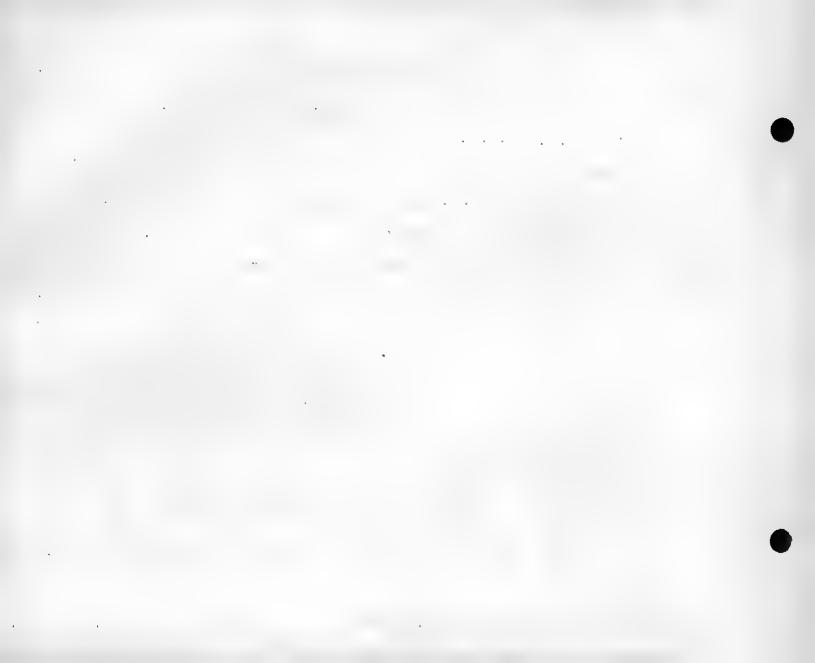
~	1	MARTLAND STATE DEPARTMENT OF HEALTH
-/	1	17333 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07328
/	1	CERTIFICATE OF DEATH
4 24		DECEASED-NAME First Middle Lost 20 DATE OF DEATH 26 HOUR
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ad ad car	130	USUAL RES DENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN // 3d MS DE CTY JMM32 13e STREET AND NUMBER
I see	dal	Maryland 136, COUNTY Lee George Hyatter, He YES NO 1606 39+4, AVC,
XX / Survivo	14.	FATHER'S NAME / First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
9 6 6		James Boole Della C. Bailer
or crair	160	WAS DECEASED EVER IN U.S. ARMED FORCES? LIST SOCIAL SECURITY NO. 17 INFORMANT Address (Place Times)
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cert p ph her		
ne deoth ce ottending permit. The		SETWEEN DASET AND DEATH
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lov end be ss t rior	. I ĕ	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
V: The low re or ottending ote has been ruse as the leadth prior to lead to lead the leadth prior to lead the	CERTIFICATION	YES W NO CAUSES OF DEATH?
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E PER PER PER PER PER PER PER PER PER PE	풀	DOR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Year
osp cert hed t. a	E E	County C
THE HOLPITAL OR ATTENDING PHYSICIAN: The low requires Poge 4 may be retained by the hospital or ottending physici TO FUNERAL DIRECTOR: After this certificate has been signed director, page 3 shauld be detached for use as the burial, should be filed with the State Dept. af Health prior to burial.		While Not while of work of work
OR ATTENDING OR ATTENDING De retained by ti IRECTOR: After e 3 shauld be de ed with the State		22a. I certify that (1) (this haspital) attended the deceased from 5 - 7 , 19 p.g., to 5 - 13 19 p.g. that (1) (we) last
d b Aff		22a. I certify that (I) (this haspital) attended the deceased from 5 7, 19,00, to 2 - 13, 19,00, that (I) (we) last saw the deceased alive an 5 19,00, and that in (my) (aur) apinion death accurred an the date and have and from the
O.S. Diring		causes stated above, (1) (two) and (aid not) view the bady after death.
神神神神神神神神神神神神神神神神神神神神神神神神神神神神神神神神神神神神神神	П	226 SIGNATURE 220 DATE SIGNED 220 DATE SIGNED
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FILL HOLIPITAL OR ATTEND Poge 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the 5	П	22d PHYSICIAN'S NAME (Type) C. J. HOUMANN 22e ADDRESS RIVERDALE XX
NE A		
H G G G G G G G G G G G G G G G G G G G	230	BURIAL, (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (State)
1 2 2 °		REMOVAL (Specity) 5/16/69 Pinecrest Cemetery Sebring, Highlands Fla.
VR A15 (4)		FUNERAL DIRECTOR ADMINISTRATE VILLE ADMINISTRATE VILLE ADMINISTRATE
45M 1/69	L	F. Gasch's Son Funeral Home Maryland DAIMAY 19 1969 The stay length



<u></u>	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	07334 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7329
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month D. (Type or Print)	oy Yeor 25 HOUR
lay is f 3 ta Page ent af	George N Fuqua DEATH MATED 15-23-	69 1912:40p
Po Po	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years F UNDER 1 YEAR IF UNDER 24 HR) 2c DATE PRONOUNCED DEAD	2d HOUR
2, and 3 PM3 Pon pportment	Male White Feb. 11, 1914 55 YRS 5	690 19 2:56 pm
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Pag Vith	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life even if retired). The company of working life even if retired in the company of the even if retired in the company of the even if retired in the even in the even if retired in the even in the even if retired in the even i	b KIND OF BUSINESS OR
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office office offer d		
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within in pencil. Examine File pag	(Yes no or Lakrown) I dispense was not define at secure)	Street
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wed Med per per	955 × DUE TO, OR AS A CONSEQUENCE OF	METITOCO
be e ''per nief l	Conditions, if any, which gove	
ح لا فوص	rise to immediate cause (o). (b)	
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nerific certific hauld b ales shauld than, or	E CAUSE OF DEATH 2:40 pm 5-23-19 69 Shot self at home	
= 5 × ± € 5	The same of the sa	County State
7.5	AT WORK L! AT WORK M HOME same as #13	
ICAL E exect tar. Pa ed for CTOR: burial,	22a certify that I took charge of the remains described obave, held on Autopsy 🔼, Inspection 🔀, Inquiry 🗍,	ond in my opn or
lease explication of the properties of the prope	death resulted fram: Natural Jauses 🖳 , Accident 🔲 , Suicide 🔯 , Hamicide 🔲 , Undetermined manner 🗀]
TY Did	ACTUAL CHIEF MEDICAL EXAMINER	
ny, I	SIGNATURE MD ASSISTANT MEDICAL EXAM-NER 226. DATE SIG	E4-69
O DEPUTY, necessary, the funera 5 may be 5 FUNERAL pri	EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. DEPUTY MEDICAL EXAMINER 5-2 ADDRESS(Street, city, town, or county)	4-07
necessary, particularly the funeral 5 may be in the funeral Health pring	your nouse in any or dealers and	ounty) (State)
	REMOVAL (Specify);	
1.7	24 FUNERAL DIRECTOR \ ADDRESS 250 REGISTRAR 25h REGISTRAR 25h REGISTRAR 51G	ltimore Md
VR A15ME (5)	Francis Gaschie Sone Hyatterville Md	1 Judge
IDM REV 1700	Francis Gasch's Sons Hyattsville Md.	M -



	MARYLAND STATE DEPARTMENT OF HEALTH
1	1 07335 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07330
	CERTIFICATE OF DEATH
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里 皇皇 /	give street address) during most of working for even firstlend 1 + 100 10 100 v
* A B * 4-	I Cheverly Prince George Hospital Clerk Cheverly
olet car	13a USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSDECTIVE LIMITS? 13e STREET AND NUMBER
ample cuter	admission) STATE Md. 13b COUNTY P. G. Bladensburg YES NO 3503 49th Ave.
d a mo	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost
an can	
nd man	Sheridan Galloway Mary W. Taylor 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1665 SOCIAL SECURITY NO. 17. INFORMANT Address
9/3/3	Yes, no, or unknown) { (It yes give wor or dotes of service
\(\frac{1}{2} = \frac{1}{2} =	no 577 07 3509 Ella Z Galloway Same as #13
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he death attending permit.\ ian, or re-	PART, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cararac arrest
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age Sign	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)
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X he as a fee	YES NO CAUSES OF DEATH?
ar ar te	
	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH ☐ HOUR A.M. Month Doy Year
SIC Spirits of the control of the co	(If either, natify medical examiner) PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f 10 (AT10N Street or R.F.D. No. City of Town County Stote
5 PHYSICIAN: the haspital ar this certificate detached for u e Dept. af Heab	
the the detailed	While Not while at work at wark
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Page 1	saw the deceased alive an
# 1 in 2 in	
OR ATTENI be retained bIRECTOR: A je 3 shauld	226 SIGNATURE ATTENDING MED STAFF 22c DATE SIGNED
D ed ed	DEGREE PHYS DIRECTOR PHYS.
A Page efficient	22d PHYSICIAN 8 NAME (Type) DONA-CO C. EO G-MEN 22e ADDRESS 628 (Francisco)
SPI 4 m d b	anistished has to
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached for us shauld be filed with the State Dept. af Healt	23a BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Pag-	Burial 5/10/69 Ft. Lincoln Colmar Manor P. G. Md.
110	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE
VR A15 11 11 45M - 1769	MAY 1 2 1969 Tollowles Quelar.
17/16	Francis Gasch's Sons Hyattsville, Maryland Maryland



		MARYLAND STATE DEPARTMENT OF HEALTH 1 07336 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201, 63 × 2.5 × 4.
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and the		Item6 FilmG413 6/6/69 kk CERTIFICATE OF DEATH
	£ -2£/	I DECEASED NAME First Middle Lost 20. DATE OF DEATH 26 HOUR
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	5 (F) 5	3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years FUNGER) YEAR FUNGER 24 RIS
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	hin 24 ha filled in 1 papers thin 72 ha	MAKKIEU JO NEVEX MAKKIEU
	in 24 ho filled in papers hin 72 h	
	within 24 haurs after death.	give street address) during most of working life even if retired \ INDISTRY /
	逐一道看到	Cheverly GGGH-ECF HOUSewife Afforme
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13a US_AL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN and institution Number 13b COUNTY Processing 13b COUNTY Proces
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	cate Sicia Slea Slea an	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor of doubs of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. C. 412 Lee, PR Address
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	AN al cal	
	SICE Spiriting S	(If either, not fy medical examiner) P.M. 19
	OR ATTENDING PHYSICIAN: The be retained by the haspital ar after JNRECTOR: After this certificate has e 3 shauld be detached for use ed with the State Dept. af Health p	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. (ity or Town County State
	the the deriver	While Not while of work of work
	by Stat	22a. I certify that 4 (this haspital) attended the deceased from 7 may , 1969, to 30 may, 1969, that (4 (we) last
	ENG ed Sid he he	saw the deceased give on 30 may 1964, and that in (row) (our) opinion death accurred on the date and hour and from the causes stated above, (the (did) (did not) view the body after death.
	that t	
	OR ATTENI be retained DIRECTOR: A ge 3 shauld ed with the	ATTENDING MED STAFF ST SI ON (C
	P P P P P P P P P P P P P P P P P P P	
	SPITAL 4 may JERAL ar, pag	NAME (Type)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 I Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled is director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban paper-shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72.	
	Page 4 direct	236 B_RIAL REMATION 23b DATE 23c NAME OF (EMETERY OR CREMATORY 23d .QCAT ON (City or Town) (County) (Stote)
	5 5 1/	6~ 67 FIARMENY HIGHING FARR MO
	VR A15 4	H.S. Washington & ons 4925 Depne BueNE DATE DATE 1969
	45M 1769 ℃	11. J. WHY AND THE PARTY OF BOOK AS TO A



		1	D 200			EPARTMENT OF H		
11			07337	DIVISION OF VITAL RECOR		STON STREET, BALTI	MORE, MARYLAND 21201	07332
,	eath and 2 eath.		DECEASED NAME First Type or print) Franc	ces Middle		lost rman	2o. DATE OF DEATH Month Doy	Year 2b. HOUR
	s after death	3. 5	Female	4 RACE Caucasian	5.	DATE OF BIRTH OCT. 8,1889	May 26 6. AGE (In years lost by today)	FUNDER YEAR IF UNDER 24 HRS
•	24 haur d in by pers P		3		WIDOWED		9. COUNTY OF DEATH Prince Georges	Md
	ecuted within 24 campletely filled ave carban pape y event, within 7	,	CITY OR TOWN OF DEATH Hyattsville	10000 Kiggs	s Kd.		L OCCUPATION (Kind of work done ost of work ng life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
	executed value camples remaye carl any event,	odn W	ashington D. C.	i ived, if institution. Residence be		YES NO	3019 Channing	St., N.E.
	cian and edge rem	L	FATHERS NAME First Martin	Re	ook	Nothers Ma den name for Netti	e Gea	irheart
	by sicial property of the please laval, and in	160	WAS DECEASED EVER IN U.S. ARME (1t yes give war no	D FORCES? or dates of service} 16b. SOCIAL SECU	Tor	ormant ₁ H. Garma	n Same as #13	
	requires that the death certificate be executed within 24 hours after death sphysician. I signed by the attending physician and campletely filled in by the Tuneral bunial-transit permit. Then please remave carbon papers (Pages 1 and 5 bunial, crematian, ar remaval, and in any event, within 72 hours atterdeath		PART DEATH WAS CAUSED IMMEDIATE	ane couse per line for (a), (b), on BY CAUSE (a) DUE TO, OR AS A CONSEQUENCY	accerd	ial Fa	lung	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH July
	quires that the physician. signed by the burial-transit burial, crematical comments.		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE		el arter	iorderani	logr.
14.	- 0' E & U	22	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED/TO T	HE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(0)	
1	The atternation has hor h pr	CERTIFICATION		INDITION FOR WHICH OPERATION WA		20a. AUTOPSY? YES NO 🔀	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
	IAN tal o ficat for for fHe	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAJSE OF DEATH (If either, notify medical examine)		Year 19		nature of injury in Port 1 or Port 2, th	em 18.)
	JING PHYSIC by the haspi frer this cert be detached State Dept. a	×	While Not while of work of work			TrON Street or R.F.D. No.	City or Town	County State
	OR ATTENDING be retained by t JIRECTOR: After je 3 shauld be de ed with the State			hospital) attended the dec (e an) (ii) (we) (did) (did fot) view	eased, from	hat in (my) (aur) apir ath.	9, to 26/20, 199 nian death occurred an the date	e and hour and from the
			22b SIGNATURE 122d PHYSICIAN'S	Simott	h) DEGREE	ATTENDING M. PHYS DI	ED. STAFF 22c D. RECTOR PHYS 22c D.	May 69
	Page 4 may To FUNERAL director, page should be file	230	NAME (Type) BUR AL CREMATION, 235 DA	TF T22c NAME	05 /54/5/52/5/ 28 CR		23d LOCATION (City or Town)	(Caunty) (State)
	Pegg 75 Fig.	(C	remation 5/	27/69 Ft.	Lincoln		Colmar Manor	P.G. Md.
	VR A15 (4) 45M 1 69		FUNERAL DIRECTOR		RESS	DAJUN	REGISTRAR 256 REGISTRARS S	GNATHRE CONTROLLED
			rancis Gasch's	Sons Hyattevi	He, Md.	DHM 4.		



4-1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE			7333
HEALTH DEPT.	1 D	DECEASED NAME First Middle East 20 DATE KNOWN DO Month D. OF ESTI	loy Year 25. HOUR
t of		Anthony James Garufi DEATH MATER 5-17-	
delay is ind 3 to i3 Poge ment of	3 \$	last birthday) MONTHS DAYS HOURS MIN March Day	2d HOUR
any delay is 2, and 3 to PM3 Page	70	1ale White 1-8-1947 22 YRS 50 17 17 17 18 MARRIED NEVER MARRIED 7 9 COUNTY OF DEATH	69°19 9:05pmM
- E GW	COU	ashington D. C. U.S. A. WIDOWED DIVORCED Prince George's	Md
offh offaffe	10, 4	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g, USUAL OCCUPATION (Kind of work done 12g	% KIND OF BUSINESS OR
be executed within 24 hours ofter deoth in the "pending" in pencil in Item 18. Give Pages 1, 2, a net Med cal Examiner's Office olong with form PM ansit permit. File pages land 2 with the State Deports over the within 72 hours after deoth.		Cheverly Prince George Hospital during most of working life, even if retired)	ding
of the long	13a	LSUAL RESIDENCE (Where deceased lived, if institution: Residence before 14cmCITY OR TOWN 1 1 134 MISSO LITY LIMITS? 136. STREET AND NUMBER	
urs o ye o ye o 12 w 12 w	17.	rrince George's Appers Heights 15 to 1490/ 35th, Fiac	
haurs ofter Herr 18. Gi Office olong	14, F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	LOST
hin 24 nither 5 poges hours	160	Henry R. Garufi Sr. Helen . C WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS	arrigan
	()	(es, no, or unknown) (If yes give war or doctes of service) 217 44 4567 Henry R. Garufi Sr. Same as #	13
xecuted wil nding" in pe Med cal Exar permit. File			APPROXIMATE INTERVAL
cute ng dal dal		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY .MMEDIATE CAUSE (a). Stab wound of chest	BETWEEN ONSET AND DEATH
exe endii Mea		166 X DUE TO, OR AS A CONSEQUENCE OF	
vord "per re Chief I al-transit		Canditions, if any, which gave answer (b)	
word word he C al-tr		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho we to the to the burner of the contractions of the contraction of the contractions of the contraction of the contractions		(c)	
tCAL EXAMINER: This certificate shauld be executed within 24 hours after death to execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, for Page 4 should be forwarded to the Chief Med cal Examiner's Office along with formed for your files. CTOR: Page 3 should be used as but al-transit permit. File pages I and 2 with the State Debural, cremation, or removal, and in any event within 72 hours after death.	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certil e certificate, writ should be forwal files. 3 should be used	MEDICAL CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his ote, e fo	KIE		YES 🔀 NO 🗌
In the black of th	AL CE	21a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING THOUR A M. 8:30 pm. 5-17- 1969 Stabbed during altercation	18.)
INER: e cert shoul files. 3 shou	MEDIC	CAUSE OF EATH 8:30 pm 5-17- 19 69 Stabbed during altercation 21d NJRY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f, LOCATION Street or R.F.D. No City or Town	County State
SICAL EXAMINER: The execute the cert of the cert of for your files. ECTOR: Page 3 should burial, cremation.		21d N.JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, while at work at work at work 21d. Ave. and Landover Road, Prince George County, Maryl	and
DEPUTY DICAL EXAM pressary, please execute the funeral director Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burial, crem		220. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection [X], Inquiry [],	
for tor CTO burn		death resulted from: Notural auses . Accident . Suicide . Homicide . Undetermined manner	
JIY Blose erol direction be retaine RAL DIRECT Prior to t		CHIEF MEDICAL EXAMINER	
Y, p		ACTUAL SIGNATURE	
EPU SSGT fune fune oy b NER		EARMINCK J /	-19-69
TO DEPUTY DICA necessary, please es the funeral director 5 may be retained to FUNERAL DIRECTOR Health prior to bur	230	7 01111 1101100 120 1101101 11011	iounty) (State)
<u> </u>	F	REMOVAL (Specyly)	
	24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REG STRAR 250 REGISTRAR S S G	NATURE :
VR A15ME (5)	F	rancis Gasch's Sons Hyattsville, Md. MAY 2 3 1969 floorle	1 Justin
121			

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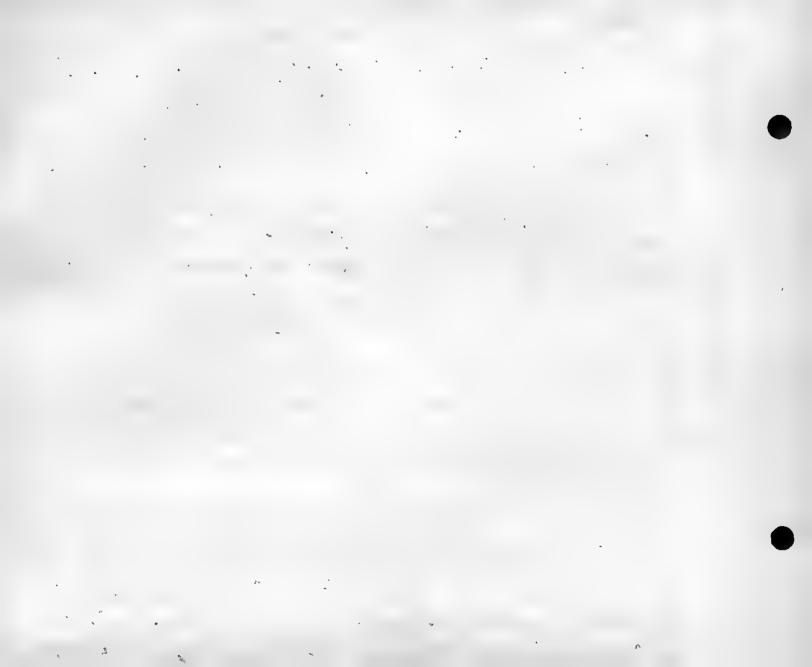
	07340	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF F 301 W. PRESTON STREET, BALTI		47 444 44F 44F Am
1	DECEASED-NAME Firs		ERTIFICATE OF DEATH	D. BUTT OF PRATIL	07335
	(Y	llie John	Gibson	20. DATE OF DEATH Mayonth 16, Do	Y 196 geor 12:50 €
3.	Male	4. RACE Negro	5. DATE OF BIRTH 10-17-34	6 AGE (In years last burthday)	1F UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS M.N.
70	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
£a	untry)	USA	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	Prince George's	Md.
10	Cheverly	31 NAME OF HOSPITAL OR INS give street oddress) Prince Georg		L OCCUPATION (Kind of work done ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13c	D. USUAL RES DENCE (Where decemenssion) STATE	osed lived, if institution Residence before 13b COUNTY Prince George's	13c CITY OR TOWN 13d BSIDE CITY I	The second secon	nue
14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME F		Last
	Fred Gi	ibson	Elivina		Gibson
	D. WAS DECEASED EVER IN U.S. AF	RMED FORCES? War or dates of service) 16b. SOCIAL SECURITY N	IO 17 INFORMANT	Address	OLDSOII
L	Yes, no, or unknown) (If yes give	k with the distance of securité.	Eloise Gibs	on 121 82mi A	1/2
NOIL		(b)		ONDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFAING
CERT FICATION	170. DATE OF OPERATION		YES NO 🗆	CAUSES OF DEATH?	
MEDICAL C	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Month Doy Year niner) P.M. 19		nature of injury in Port 1 or Part 2,	
2	While Not while	e. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			County State
l	220. I certify that XIX (t saw the aeceased causes stated above	his hospitol) attended the decease alive on <u>May 16</u> re, (I) (we) (did) (did not) view the l	d from May 14 , 196 969 , and that in (my) (our) apropody ofter death.	9, toMay_16, 19 nion death occurred on the do	69_, thoiX(A) (we) lost one and hour and from the
	22b SIGNATURE Oli Veu	us Olins un			DATE SIGNED 1 A 4 16, 1969
	22d. PHYSICIAN S NAME (Type) Guil	lermo Olivos, M.D.	22e. ADDRESS Prince	George's Gen. Ho	spital, Cheverl
230	BURIAL, CREMATION, 23b.	. DATE 23t NAME OF (EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
L			ny Mem. Park	7601- Sheriff F	Rd. Md.
24	Washington Fun	eral Chapel 475-ESH	St. N.W. 2So. REC'D B'		SIGNATURE



		1	MARYLAND STATE DEPARTMENT OF HEALTH
			.07341 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07336
	A 2		CERTIFICATE OF DEATH
	£ 120		DECEASED NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR
	e 9 E 8		Manth Day Year
	fun e	3	SEX 4 RACE S DATE OF BIRTH 6 AGE (17 years 5 F JADER 17 EAR 11 UNDER 24 HRS
	the the safe s aft		A SALE OF DIRECT AND A DIRECT TOWN IN DADRE TO INC.
_	hours after n by the fu s Pages I hours afte	70	DIDTUDIACE (CALLE OF TAXABLE COUNTRIES OF TAXABLE C
	in by ers Pour		Intry) / NEVER MARKED
	cuted within 24 hours after death unpletely filled in by the funeral ve carbon papers. Pages 1 and event, within 72 hours after teath	_	MENTUCKY US WIBOWED DIVORCED - PRINCE GEORGES Md
	Miled Sthin 724	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during ment of working ife even if retired) 12 USUAL OCCUPATION (Kind of work dane during ment of working ife even if retired) 13 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during ment of working ife even if retired)
	pletely corbon ent, with	1L(OKEEN KELT PREGNRELT CANVALE CENT (FUTER HOUSE WIFE
	and the state of	130	USUAL KESIDENCE (Where deceased (yed, if institution, Kes dence before 1/3c (IFY OR TOWN 1/3) INSIDE CTYLINGTS? 1/3c (TYLINGTS)
	cample ove c	5 000	MARYLAND PRINCE GEORGES SEABROOK, YES NO 96404 VAN BUREY
	s execution carrier	14	
	ond rem		DANIEL DELANEY FLORENCE MANBY Lost
	that the death certificate be exercian. by the attending physican and contronsit permit. Then please remotremation, or removal, and in any		
	/s c	1,00	Vac no or inknown) I type dive wor or dates of service) A fine a filter of A A I A A A A A A A A A A A A A A A A
	ne death certifica attending phys c permit. Then ple ian, or removal, c	-	NRNOWN THE
	ng Th		18. CAUSE OF DEATH (Enter only one couse per line for (p), (b) and (c))
	attendi permit. ian, or r		PART I. DEATH WAS CAUSED BY. IMMEDIATE (AUSE (a) Brouchofoncierone
	offe ern an,		4403 DUE TO, OR AS A CONSEQUENCE OF
	青草	1	Canditions, if any, which gave
	that than an. by the ronsit p		rise to immediate cause (a) (b) DUE TO, OR AS A CONSEQUENCE OF
	d b train		storing the under ying cause DUE 10, OR AS A CONSEQUENCE OF Joseph a Duned on Thrown Constant
4,	requires that the death certificate be executed physician. I signed by the attending physician and cample buriot-transit permit. Then please remove concernation, or removal, and in any even		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)
٠	red g p g p s i b i o bu		TOTAL STORM CONDITIONS CONTRIBUTING TO SEATH BUT NOT RECEIVED TO THE TERMINAL DISEASE ORCUMULIUM GIVEN IN PART I(0)
4	ATTENDING PHYSICIAN: The law reretained by the hospital ar offending ECTOR: After this certificate has been 3 should be detached for use as the with the State Dept. of Health prior to	8	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 ALITOPSY2 206 IF YES WEDE FINANCIAL CONSIDERED IN CERTIFICIAL
,	OR ATTENDING PHYSICIAN: The taw se retained by the hospital or attendin IRECTOR: After this certificate has been a 3 should be detached for use as the dwith the State Dept. of Health prior the state Dept.	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	부드로 SE	- 🗒	AEZ NO KA CAOSES OF DEVILUE
	AN: ol a cate for Hea		21a. ACCIDENT WAS UNDERLYING 21b. TIME DF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)
	音音音	MEDICAL	(If either, notify medical examiner) P.M. 19
	G PHYSIC the hospit this certi detached te Dept. of	₹	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town County State
	this De		While had while at work at work
	DING d by the After d be d e State		
	Aff Aff ab d b d b		sow the deceased give on 1900 and from the
	ATTEN stained CTOR: / should ith the		couses stated above, (1) (we) (did) (did) (did) (view the body ofter death.
	A to Circle A		226 SIGNATURE 22c DATE SIGNED
	OR De la Servicio de		On 5 Corner PHYS DIRECTOR DIRECTOR DIRECTOR DIRECTOR 14,1967
	A A A A A A A A A A A A A A A A A A A		22d PHYSIC AN'S 22e ADDRESS
	ERA III		NAME (Type) DOW B. CAMERON MT. KAINIER, MARYLAND,
	Page 4 may be retained by the hospital ar ottending To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be tiled with the State Dept. of Health prior to	23n	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	P P P P P P P P P P P P P P P P P P P	7	PREMOVAL (Specify) Pro A(no. 110/9) BODILLO CONTENTS OFFICE
		24	FUNERAL DIRECTOR 250. RECIDENCE 250. REGISTRAR SIGNATURE
	VR A15 (4) 45M 1 69	10	W.W.CHAMBERS CO. RIVERDALE, MD. 250. RECISTRAR SCHONATURE DATEMAY 1 9 1989
	70.00	1	DAIRWIN A DO TO THE TOTAL OF THE PARTY OF TH

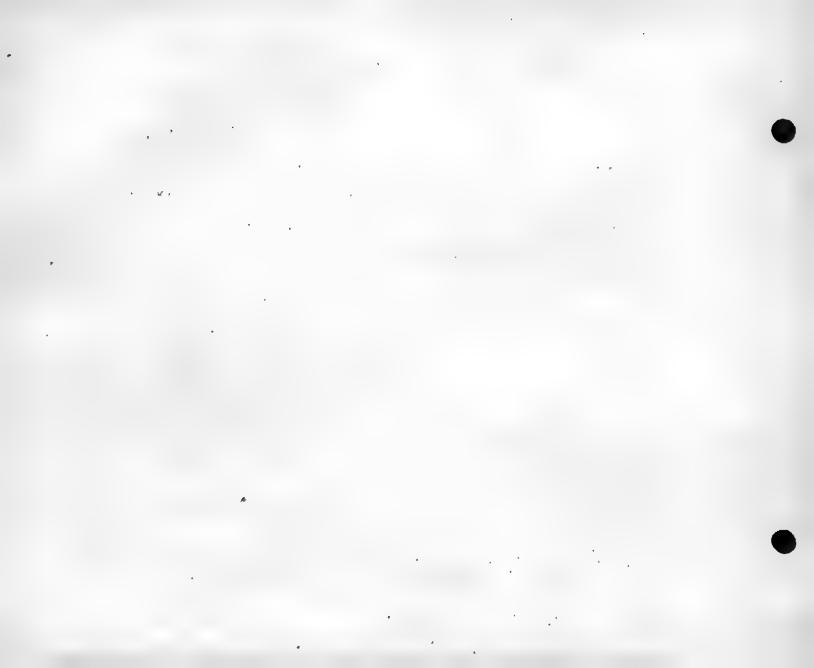


			MARYLAND STATE DEPARTMENT OF HEALTH
0	1		07342 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
-			CERTIFICATE OF DEATH 07337
	£ 42£		ECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
	e e e	1	Type or print) EDITH EVELYN GORRICK MAY 12 1969 M
	- IN STAN	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In years I FUNDER 24 MRS
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital or ottending physicion. NRECTOR: After this certificate has been signed by the ottending physician and lompletely filled in by the figured has been signed by the ottending physician and lompletely filled in by the figured has been signed by the primit. Then please remove corban papers. Pogss and be a 3 should be detached for use as the burial-tronsit permit. Then please remove corban papers. Pogss and be with the State Dept. of Health prior to burial, or removal, and in any event, within 72 hours after least	L	F W JULY 8,1900 68 YRS. MONTHS CAYS HOURS MIN
	hour n by s. P hour	70	BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	d ir	Z	Silt Md USA WIDOWED DIVORCED PRINCE GEORGE Md.
	in Series	10.	CTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 320 USUAL OCCUPATION (Kind of work dane 126 KIND OF BUSINESS OR
	scuted within 24 ho fompletely fulled in ove corban papers.		RIVERDALE give street address) MEM, HOSP. during most of working life, even if retired) INDUSTRY HOME
	od v	13α	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY UMITS? 13e STREET AND NUMBER
	cute omp	OOM	115500) STATE MD 136 COUNTY P. G. LAUREL YES NO 155401 ALAN DRIVE
	P P P P	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
	AN: The law requires that the death certificate be executed within 24 had an attending physicion. It is not been signed by the ottending physician and completely filled in for use as the burial-transit permit. Then please remove carban papers. Health prior to burial, cremation, or removal, and in any event, within 72 had a second or		O'Donnell Celelia Traupe
	on elegated		WAS DECEASED EVER IN U.S. ARMED FORCES? (6s, na, ar unknown) (If yos give war or dates of service) 16b. SOCIAL SECURITY NO. 17. Ib-ORMANT
	de la		no fame Gorret ramel his
	that the death cerion. I by the ottending partnossit permit. Therefore, or remotion, or remove.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	he death ottendir permit. ion, or re		PART I. DEATH WAS CAUSED BY. Cleute Myreardial Fufarchone
	orte erm erm		4/09 DUE TO, OR AS A CONSEQUENCE OF
	the dispersion of the	П	Conditions, it ony, which gove
	hot n. ons em	L	rise to immediate cause (a), (stating the underlying cause) DUE TO, OR AS A CONSEQUENCE OF
	equires that the physicion. signed by the burial-transit burial transit burial.		lost.
	physicio signed burial-tr burial-tr	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
	o P o o o o o o o o o o o o o o o o o o	L	
	or the gard	1 S	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	as les	CERTIFICATION	YES NO (CAUSES OF DEATH?
	# 5 4 8 4 1	E	21c ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
	AN al collications for He		OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Yeor
	Spite spite entiff ed L	MEDICAL	[If either, natify medical examiner) P.M. 19
	ho lis coch och lept	-	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) While Not while of work At work At HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State
	te D		ALMAIN ALMAIN
	be Sta		220. I certify that (I) (this hospital) attended the deceased from
	Per		causes stated abave, (!) (we) (did) (did nat) view the bady after death.
	th of the	П	22b. SIGNATURE 22c. DATE SIGNED
	d w	L	Terricalia final (- DEGREE PHYS DIRECTOR DIRECTO
	Al of book by	Н	22d, PHYSICIAN'S 7 0 / / - A 22e, ADDRESS
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to I		NAME (Type) 6. Ft. de les 10 RRE MI) 32e montgomery St. vanient Ma
	HO.	23o	BUR AL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stole)
	5° 5° 5°	1	50 K 1 Ac May 16, 199 Landantark Dultimare Md.
	VR AS UTT	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE
	30M REV ELES	L	Yonaldean Oliveral Hame Karrel med DAMAY 22 1969 Polisher Judge:



,	,		*			DEFARIMENT U		DVI AND ALGO.				
J. J. J.	/		07343	DIVISION OF VITAL RECORD		CATE OF DEAT		KTLAND 21201	97338			
	- 2-	1 10	ECEASED-NAME First	Middle	40111111	Lost	2o. DATE O	E DEATU		110110		
	death. neral and 2 death.		(ype or print) Minnie				ZO. DAIL O	Month Da		HOUR		
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	SI TE SE	ļ.	F	Caucasian		01/25/8						
	hours in by t	/o.	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?		■ NEVER MARRIED	9. COUNTY O					
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	within pour fille	10	THY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR g ve street oddress) 18	Ol_Met	zerott Ro	SUAL OCCUPATION are to the same of work in	N (Kind of work done plife, even if retired)	126 KIND OF BUSINESS INDUSTRY	OR		
	w w w w w w w w w w w w w w w w w w w	13a	USUAL RESTDENCE (Where decease	Manor Car ed hived, if institution. Residence befo	e Ade l	R TOWN 13d INSIDE C	HOMEM 120 120 STATE VII	TREET AND NUMBER				
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	physician physician please avai, and i	160	WAS DECEASED EVER IN U.S. ARMI (es, no, or unknown) (If yes give wo	LED FORCES? or er dates of service) 16b SOCIAL SECURI 025-20-		INFORMANT	are.Ade	Address 1	801-Metze	roti		
	e e e		IB CAUSE OF DEATH (Enter only	v one rouse per line for (a) (b) and					APPROXIMATE INTERV			
	he death cer attending permit. The ion, ar rema		PART I. DEATH WAS CAUSED	1BY /1 0-	Tan	line -			BETWEEN ONSET AND D	HIAS		
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12			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
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2	the law ratending has been se as the h priar ta	CERTIFICATION	19a. DATE OF OPERATION 19b. C	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?		F YES, WERE FINDINGS - S OF DEATH?	ONSIDERED IN CERTIFYING	1		
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	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far u should be filed with the State Dept. af Healt	ME		PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		OCATION Street or R.F.D.	No Cit	y or Town	County S	tate		
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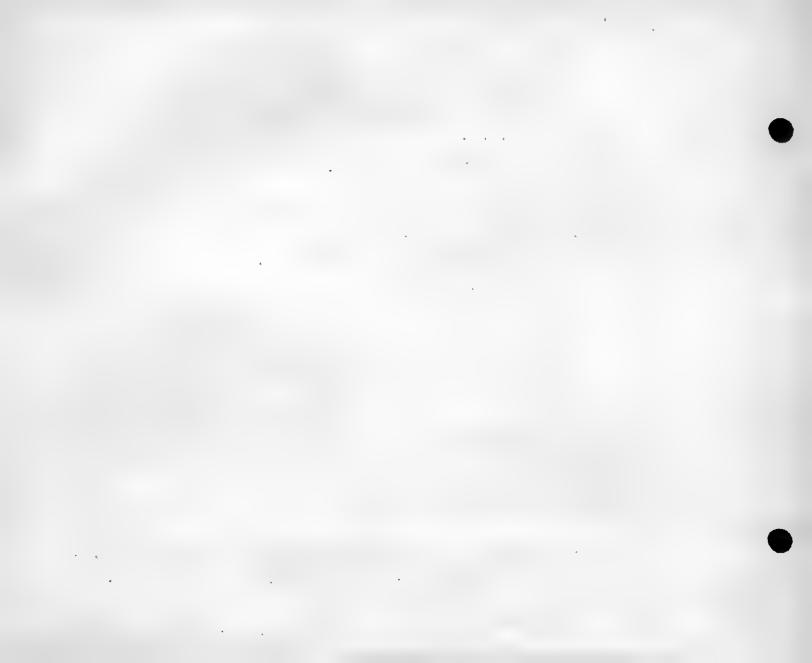




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- 10	_ · ·]		OMNIT	DIVISION OF VIT	AL RECORDS, 301	W. PRESTON STREET, 1	BALTIMORE, MARYLA	AND 21201		
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	ical Sici	Ϋ́	es, no, or unknown) (If yes give w	var or dates at service;	SOCIAL SECURITY NO			Address		
	eoth certifi anding phy nit. Then or removo	<u> </u>			8 54 7272	Evelyn M.	Grubbs S	ame as	#13	
			18. CAUSE OF DEATH (Enter on PART) OEATH WAS CAUSE!	ly one couse per line for	(a), (b), and (c).)				APPROXIMA BETWEEN ONS	ATE INTERVAL SET AND DEATH
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7	PHYSICIAN: The law rether has been this certificate has been detached for use as the Bept of Health prior to	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH O			20h, IF YFS	WERE FINDINGS CO	NSIDERED IN CER	TIEVING
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	spit spit spit spit spit spit spit spit	MEDICAL	(If either, notify medical examin	ner] P.M.	19					
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•	Abing the day of After After be of State		22a. I certify that (I) (the saw the deceased a	is hospitol) attende	d the deceosed fr	om_5 3,	19_617_, to5.	20,19	49 , that {	l) (we) last
	= - ~		saw the deceased a	live on > *	196	2_, and that in (my) (our) apınian death occur	red on the dot	e ond hour a	nd from the
	Si di		couses stated above	, (I) (we) (did) (did	not) view the body	after death.				
	OR ATTENDING De retoined by the NIRECTOR: After it a 3 should be de		22b. SIGNATURE	1.11.		ATTENDING	MED STA		ATE SIGNED	16
	Page 7			Tour	un	DEGREE PHYS.	DIRECTOR L PHY	rs. 🔲 🕹	5-20	69
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	O FUN		BUR-AL, CREMATION, 23b I REMOVAL (Specify)		23c NAME OF CEME		23d LOCATION (Cit		(County)	(Stote)
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	- 1	1 1	07346	DIVISION OF VI	TAL RECORDS,	301 W. PRESTON	I STREET, BALTI	IMORE, MA	RYLAND 21:	201	0721	-7	
		CERTIFICATE OF DEATH									07341		
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	rin 24 filled filled filled	10.	CITY OR FOWN OF DEATH	11 NAME	OF HOSPITAL OR INS	GEUTION (If nat in hasp	ita: 12a USUA		(Kind of work		126 KIND OF BI	USINESS OR	
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	ote be executed within 24 has been and completely filled in lease remove carban papers and in any event, within 72h		Owen		Mulli			nilv			3.4	artin	
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	ne death ottendi permit. ion, or r	ı	1 MMEDIA	TE CAUSE (a)	aruco	vascul	av ca	wap	u		15 m	andle,	
	ot ot ot out		1579	DUE TO, OR AS A	CONSEQUENCE OF	6 1-	0						
	the the sit partition		Conditions, if pay, which gave a rise to immediate cause (a),	(b)	netas	latte -	make	gnan	cy		mo	Mr	
	tho by tron crer		stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF		the no				ma	lhe	
	physician. physician. signed by the buriol-transit buriol, aremat		fast	(c) <u>C</u>	run	ma of	and joo	News			77010		
4		1	PART 2 OTHER SIGNIFICANT CON	D TIONS CONTRIBUTING	TO DEATH BUT NO	T BELATED TO THE TER	MINAL DISEASE ORC	ONDITION GIVE	N IN PART 1(o)				
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Y,	AN: The la	CERTIFICAT				YE	SET NO		OF DEATH?				
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	ING PHYSICIAN by the hospital fler this certifica be detached for state Dept of He		While Mot white of work	/ OFF	CE BUILDING ETC	1		,					
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	OR:		conses stated above	, (I) (we) (did) (dic	Holyview the b	ody ofter death.					, ,		
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	A S S S S S S S S S S S S S S S S S S S	1	22d PHYSICIAN'S NAME (Type) Davi	d M. Goldm	nan. M.D.	22e	. ADDRESS						
	VER do	L.	MARIE (- Abe)				Suite				ing Hya	attsvíl.	
	TO HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the host TO FUNERAL DIRECTOR: After this cel director, page 3 should be detache should be filed with the State Dept	23 o	BUR AL CREMATION, 23b D	ATE	23c NAME OF C	EMETERY OR CREMATO	IRY	23d LOCATIO	ON (City or Taw	n)	(County)	(State)	
	5 5 5 5 4		Burial 5/	22/69		gton Natio	onal	Arli	ington	Ar	lington	Va.	
	VR A15 (4)	24	FUNERAL DIRECTOR		ADDRESS		25o REC'D B	y REGISTRAR	2Sb PEC	STRARS S	IGNATURE	# :	
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	E 843	ll De	CEASED-NAME	First	LIOM DII	Middle	7	Last	20	DATE OF			0.05	2b. HOUR
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	IAN: tal ar ficate far u f Heal	MEDICAL CERT	21a. ACCIDENT WAS UN ☐ DR CONTRIBUTING ☐ CAU	SE DE DEATH	21b, TIME OF IN. HOUR A.M. A	Manth Day Year		INJURY OCCURR	RED (Enter nat	ure of injur	y in Part 1 ar P	art 2, ite	em 18)	
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	be State		22a. I certify that saw the dece causes stated	xx (this hased alive abave, (l)	aspital) attend an <u>Ma</u> (we) (did) (di	led the decease 2y 15 ld d nat) view the	ed from_M _S 9_69, and t bady after de	Hat in (my) (ath.	, 19 <u>6</u> (aur) apiniar	9 ta n death a	May 15 ccurred on t	he date), that e and haur o	(X) (we) last and fram the
	AL OR ATTENI y be retained L DIRECTOR: A age 3 shauld filed with the		22b. SIGNATURE ACCORD 22d. PHYSICIAN'S	la			DEGREE	ATTENDING PHYS. 22e. ADDRESS	MED DIRECT	TOR 🗆	STAFF PHYS.		ATE SIGNED	1565
	ERA ERA ERA Jr. p			Clark	M.D.			7309	Riggs	Road	l - Hyat	ttsv.	ille	
	TO HOSPITAL Page 4 may TO FUNERAL I director, pag	L	BURIA_ (REMATION REMOVAL (Sperify) Cremation	23b DATE	4-69		CEMETERY OR CR George	s Gen.	Hosp.	Cheve:	N (City or Town	ince	(County)	(State) es Md.
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FOR STATE		07348				RTIFICATE				07343	
HEALTH DEPT.			First	M dd		Lost		20 DATE KNOWN OF ESTI	Month	Day Year 25. HOU	
5 5 8 3			loan	Eliza		Haye		DEATH MATED	-	23 1969 8±0	W
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ny n P	70 l	RTHP_ACE (State or foreign	75 CITIZEN OF W			RIED NEVER MA		UNTY OF DEATH			
Jes fare		TY OR TOWN OF DEATH		.A.			ORCED		nce Ge		Md
after death any 8. Give Poges 1, 2, olong with farm Plwith the Stote Department		Cheverly	give	street oddress)	Prince (during most o	CCUPATION (Kind of if working life, ever	work done	12b. KIND OF BUSINESS OR INDUSTRY	
s after 18. Give olong	13o o	USUAL RESIDENCE (Where de Imission) STATE Mo	eosed lived, if insti	tution Residence Prince G	before 13c CITY	OR TOWN 3	YES NO S	13e STREET AND N 8525 60			
thours them 10 Office Office	14. F	ATHERS NAME— First Joseph	Midd	GLENN	Lost	IS MOTHERS MAI	DEN NAME First	7	Middle	Lost	=
encil in miner's pages		WAS DECEASED EVER IN U.S. ARN	ED FORCES? give war or dates of service)	166 SOCIAL SECU	JRITY NO.	7. INFORMANT JAMES	HANES		ORESS 3	/	_
TY DICAL EXAMINER: This certificate should be executed within 24 hours after death ry, please execute the certificate writing the word 'pending' in pencil in Item 18. Give Poges 1, and director Poge 4 should be forwarded to the Chief Medical Examiner's Offlice olong with farm in retained for your files. (AL DIRECTOR: Poge 3 should be used as o burial-transit permit. File pages Januar with the State Deprivat to burial, cremation, or removal, and in any event within 72 hours offer death		18. CAUSE OF DEATH (Enter	only one couse per USED BY. EDIATE CAUSE (a)	line for (a), (b), a Acute	nd (c).)	turate i	1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
pendiriber were ef Medef Meder went went w		Cond trans, if any, which go	DUE TO, O	R AS A CONSEQUE	NCE OF						
ould be word ' the Chi iol-tra		rise to immediate couse (o stating the underlying cou- last.		R AS A CONSEQUE	NCE OF			· · · · · · · · · · · · · · · · · · ·			_
g the sh ad to		PART 2, OTHER SIGNIFICANT CO	(c) ONDITIONS CONTRIBU	TING TO DEATH BU	JT NOT RELATED	TO THE TERMINAL D	ISEASE OR CONDITION	ON GIVEN IN PART 1	(o)		=
rific ritini rarde a os d os	NO	190. DATE OF OPERATION		Tigh CONDITION	FOR WHICH OPI	DATION				20. AUTOPSY?	
the was forw the use use	CERTIFICATION			WAS PERFO	ORMED?					YES - NO	J
INER: This certificate in certificate writing the should be forwarded tiles. 3 should be used as a should be used os a should be used on the should be used.	MEDICAL CE	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTION CAUSE OF DEATH		F NJURY Month, D	oy Yeor 2 19 69 I	ngested	CURRED (Enter note overdos)	of njury in Port	l or Port 2, Ite bitura	m 18) te	
bical EXAMINER: This se execute the certificate store Poge 4 should be fond for your files. ECTOR: Poge 3 should be a burial, cremotion, or rer	ME	21d INJURY OCCJRRED 2 WHILE NOT WHILE AT WORK AT WORK	le PLACE OF INJURY foctory office build		reet, 2	1f. LOCATION Street	orRFD.No Bert	City or Town	P.G.	County State Md.	
Cecut Recut Pog for y		22o. I certify that	I taak charge of	the remains de	scribed above	, held an Auta	psy 🖰, In	spect an 🔼,	Inquiry 🕒	and in my opinio	117:
Se exector ined RECTOR		deoth resulted from	: Malurol con	ises 🔲 , A	grdent,			. Undetermine	d monner [
ro DEPUTY SICAL EXAM necessory, please execute the funeral director Page 4 5 may be retained for your TO FUNER DIRECTOR: Page Health prior to burial, crem		ACTUAL SIGNATURE	hrs!	12/	77		EF MEDICAL EXAMIN ISTANT MEDICAL EXA		22b. DATE S		
necessory, the funera 5 may be 70 FUNERA Health pr		EXAMINER'S NAME (Type) J	ohn Kehoe	M.D.	' Riverda		UTY MEDICAL EXAM DRESS(Street, city, to		_5-24	-69	
TO I		BURIAL CREMATION	3b. DATE	23c NA		OR CREMATORY	23d	LOCATION (City or	Town)	(County) (State)	_
		BURNAL DIRECTOR					250 REC D BY RE	GISTRAR 25b.	REGISTRAR'S S		
VR A15ME (5)		the Taltamel	4748	Wascon	in and	200/6	DATEMAY 2			la Condall	



		١	1	amata	NIVICION A	MARYLAN	IN 2141F	DEPARTME	ENI OF HI	EALTH				
				07349	ט אטונועוע	F VITAL RECORDS,	CERTIFIC	CATE OF I	EEI, BALIII D eath	MUKE, MA	RYLAND 2	1201 0	7344	
	- 2		1 D	CEASED NAME F 15t		Middle	CEIVIII	lost	PLAIN	20. DATE OF	DEATH	· -		7h HOUR
	death nerol and 2		(1	Ype or print) Clarer		Robert	Haze			ZU. DAIL UI	Month	15 ^{Doy}	15%9	2b. HOUR 3 2 4 M
	funerol and		3 56		4 RACE	TODEIT	11020	5 DATE OF BIR	TH		May 6. AGE (In)			IF UNDER 24 HRS
	the	. }		Male	7	White			5, 189	9	lost bytho	lay)	MONTHS DAYS	HOURS MIN
	ours ours	-	7o I	SIRTHPLACE (State or foreign)		WHAT COUNTRY?	B MARRIED			. COUNTY OF	_ ,	YRS		
	h in sight		COU	Illinois	U.S.		WIDOWED	NEVER MARR	(IED					
	nin 24 filled pope thun 72		10 (ITY OR TOWN OF DEATH	R	NAME OF HOSPITAL OR IN			120 USUAL	OCCUPATION	ICE Ge	er done	12b. KIND OF B	Md QO 223M,2II
	with a	1	ے ا	heverly	giy	estreet oddress)			during mos	st of working Book	life, even if	retired)	INDUSTRY G. P.	D311113370X
	7	1	130	SUAL RESIDENCE (Where deceosed	l lived, if instit	ution Residence before	TIBE CITY OR	TOWN	3d. INSIDE CITY LIMI	113e. STI	REET AND NU	IMBER	G. P. 1	<i>J</i>
	(5/ 0) 2		odm	ssion) STATE Md.	13P CONILA	P.G.	Distr:	ict	YES 🙀 NO	□ 21 1	8 Co11	nty B	d. Apt.	#1
	exe emo emo any	,	14. F	ATHER'S NAME F'rst	M ddle	Lost	110181	MOTHER'S MAI	DEN NAME FIRE	51		Middle		Lost
	an ar	1		Henry	F.	Hazelri	gg		Marth	ıa.	A.	C	hristen	sen
	and and		160.	WAS DECEASED EVER IN U.S. ARME	FORCES? or dates of service)	160 SOCIAL SECURITY		NFORMANT				ddress		
	ertificat physici ien plec avol, ai		'	es, no, or unknown) (If yes give war Yes WV	7 1	329 01 25	00 L	ura A.	Hazeli	rigg	Same	as #	13	
	ne deoth ce attending p permit. The			18 CAUSE OF DEATH (Enter only	one cause per	Ine for (o), (b), and (c)							APPROX MA	TE INTERVAL ET AND GEATH
	affendi permit.			PART I. DEATH WAS CAUSED IMMEDIATE	BY: : CAUSE (o)	Cardia	e a	whythm	we;				min	
	affe affe on,			4123	DUE TO, OR	AS A CONSEQUENCE OF		0						
	the the sit p			Conditions, if any, which gove nise to Immediate couse (a),	(b)									
	thought of the creek			stoting the underlying couse	DUE TO, OR	AS A CONSEQUENCE OF	0-51						1,	0.
0 83	physician. physician. signed by the attending phys buriol-tronsit permit. Then pl			lost,	(c)		ASH						15-2	- h
+ 7	sig bur			PART 2. OTHER SIGNIFICANT COND	TIONS CONTRIB	BUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL	DISEASE OR CO	NDITION GIVEN	I IN PART 1(c)		
1	ding ding een the		NO.	Language Lide										
7	ne de	Y	ICAT	196 DATE OF OPERATION 196 CC	NDITION FOR W	HICH OPERATION WAS PE	RFORMED	20o. AUTOP			VES, WERE FI	INDINGS CO	NSIDERED IN CER	TIFYING
	ATENDING PHYSICIAN: The aw requires that the deoth certificate be executed takined by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and compless should be detoched for use os the buriol-tronsit permit. Then please remove continue to the other please remove continued to the other please remove to the Stote Dept. of Health prior to buriol, cremation, or remayol, and in any even	1	CERTIFICATION	21o. ACCIDENT WAS UNDERLYING	21b TIME	OF INITIDY	Love M	YES 🔲	NO 🗆			5 . 6 .	40.	
	IAN fired for for for for		3	TOR CONTRIBUTING TO CAUSE OF DEATH	HOUR A.M	Month Day Year		OW INJURY OCCU	IKKED (Enter a	noture of intur	y in Port + o	ir Port 2, It	em 18)	
	ospil ospil certi hed t. o		MEDICAL	(If either, notify medical examine) P.M			CATION Street	or DED No	Chu	or Town		found.	Stote
	PH) his his			While Nat while at work	ACE OF HOURT	(AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	211. 00	ACATION SHEET	OL KT-101 HO	City	or rown		County	Store
	NG Y th er t			220 certify that (1) (thus	hasaital) at	tended the decease	ed from	Ort.	10 /4	¥ to	5715	10	/ 5 that /	Il (mal lost
	Aft aft d b d b d b d b d b d b d b d b d b d			22a. I certify that (I) (this saw the deceased aliv	e an	5/67	9 49 ani	d that in (my)) (our) opini	ian death a	ccurred ar	the dat	e and hour a	nd fram the
	ITE alne GR. Forl			tauses stated above,	(I) (we) (did	(did nat) view the	bady after o	death.						
	OR A be ret VIRECI e 3 st ed with	1		22b SIGNATURE	c /	0		ATTENDING	MEI DIR	D ECTOR	STAFF _	22c. D	ATE SIGNED	^
	be lifed	1		22d. PHYSICIAN'S	<u>u</u>	Car	DEGR	EE PHYS.	DIR	ECTOR L.	PHYS L	7 3	115/6	<i>y</i>
	RAIL RAIL Pe			NAME (Type) Ch	rles	F. Co	140	22e. ADDRE	1630	MINI	V -507	1	AVE	50
	TO HOSPITAL OR ATTENDING PHYSICIAN: The aw requires the Poge 4 moy be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, poge 3 should be detoched for use as the burnol-tror should be filed with the State Dept. of Health prior to burnol, creat		23o	BUR AL CREMATION, 23b DA		23c NAME OF				23d. LOCATIO	N IC by or To	u.a)	(County)	
	Pog Pog Pog dire		В		19/69			emeter		Decati		wn) Mach		(Stote) Linois
			24.	FUNERAL DIRECTOR		ADDRESS			250 REC D BY		25h REG	GISTRAR S S	IGNATURE	
	VR A15 (45M - 1/	69	F	rancis Gasch's	Sons	Hyattsville	e, Md.		DATAAY '	1 9 198	39 00	lian	so Jacobs	K.



14	1	07350	DIVICION OF VIT		HAIE DEPARIMEN				
7		111000	DIAISION OF ALL		TIFICATE OF D		, MARYLAND 21201	7345	
10 d d 2 d d d d d d d d d d d d d d d d		ECEASED NAME First Type or print)		Middle	Last		ATE OF DEATH		2b. HOUR
funeral ond 2 er death.			cie	Т.	Heartly	7	May 7	1969	4:04PM
	3 8		4 RACE		5. Hearth	•	6 AGE (In years last birthday)	F JNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS.
	ļ.	Female	White		01-30-0		64 YRS		
	ζου	BIRTHPLACE (State or foreign ntry)	76 CITIZEN OF WHAT CO.S. A		MARRIED 🔀 NEVER MARRIE		ITY OF DEATH		
	10	CITY OR TOWN DE DEATH		OF HOSPITAL OR INSTITU	DOWED DIVORCE		ince George [†] PATION (Kind of work done	S	Md
1		Cheverly	give street	oddress) ce George!	s Gen. Hon.	during most of w	grking ite, even it retired.) 110	12b. KIND OF INDUSTRY Own	Home
4	13a. adm	USUAL RESIDENCE (Where deceasissian) STATE M.D.	ed lived, if institution it is 13b COUNTY	Residence before 13c	CITY DR TOWN 13d	NSIDE CITY LIM TS?	13e STREET AND NUMBER 4910 Talbot		
f	14	ATHER'S NAME FIRST	Middle	last	1s. MOTHER'S MAIDI	EN NAME First	Middle	Ave.	Lost
		Philmore		Croson		Annie		Saffe	
		WAS DECEASED EVER IN U.S. ARM	IED FORCES? 16b.	SOCIAL SECURITY NO	17 INFORMANT		Address	Jak	<u> </u>
		no		79_05_9834	William	Henry H	eartley Sr.	Same as	s # 13
		IB CAUSE OF DEATH (Enter on PART 1 DEATH WAS CAUSE)	y ane couse per line fa	(a), (b) and (c))	01	0 "	-	APPROXIM BETWITH OF	MATE NYERVAL NSET AND DEATH
		IMMEDIA	TE CAUSE (o)	menor	Chus"	Mous		010	1 day
	ı	Canditions, if any, which gave)	DUE TO, OR AS A	/	0 +	10	16.	1	/
	П	r se ta immed ate cause (a), ((b) COL	Jenson De	1010 tel	- Aca	1/ Doen	5 1	1eans
		stating the underlying cause ((c) (d)	PAPER	1 Voca	lesuri		5	1002
		PART 2 OTHER SIGNIFICANT COM		TO DEATH BUT NOT RE					
	No.		100				(-)		
	[E	190 DATE OF OPERATION 196.	DNDITION FOR WHICH O	PERATION WAS PERFOR	MED 200 AUTOPSY		20b. IF YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
	CERTIFICAT				YES 🗀	NO []	CAUSES OF DEATH?		
		21a ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT		IRY anth Day Year	21c. HOW INJURY OCCUR	RED (Enter nature	of injusy in Part 1 or Part 2,	Item IB.)	
	MEDICAL	(If either, natify medical examin	er) P.M.	19					
		at work at work			21f LOCATION Street or		City or Town	County	State
	1	22a. I certify that (I) (this saw the deceased a	s haspital) attende	d the deceased fi	am Jour	_, 1965, t	a May 19	169 , that	(I) (we) last
		causes stated above	(l) (we) (gid) (gid	nat) view the bad	्रम, वनव that in (my)। Potter death.	(aur) apinian de	eath accu rred an the d	ate and hour o	and fram the
		22b SIGNATURE	- 0			6-0	22α	DATE SIGNED	
		() 大	Jalia		DEGREE PHYS	MED DIRECTOR	PHYS.		
1		22d PHYS CIANS NAME (Type) 0.5	AHAKI	AN	22e ADDRES		Cover RX.	Closes	SMI
	23a	BURIAL, CREMATION, 23b		23c NAME OF CEME	TERY OR CREMATORY	23d L	OCATION (City or Town)	(County)	(State)
			/10/69	Ft. Lir			mar Manor		Md.
		FUNERAL DIRECTOR		ADDRESS		RECD BY REGIST	rar 256 REGISTRAR 1969 KClien	S SIGNATURE	
75	1 F	rancis Gasch'	Sons Hy	vattsville.	Md. Di	MALL TO	1303	las Joeds	K.



		Sems (824 Film GILL3 MARILAND STATE DEPARTMENT OF HEALTH I tem 23 Film GILL3 6)	/9/69 kk
FOR STATE		5/69 kg 7351 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 1	DELEASED NAME FIRST Middle Lost [2g DATE KNOWN [7] Month	Doy Year 12b HOUR
of the state	{	Type or Print) Richard Richard Hendricks DEATH MATED 15-18-	-69 110:50pm
2 m 2 m	3 5	4. RACE S DATE OF BIRTH 6. AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
2 and 3		ale White 5-8-1916 53 YRS 500000 187	69" 1911:03 DTM
7 6 00	70	BIRTHPLACE (State or foreign 7b CT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Tages Target	L.,	Indiana USA Mooned Prince George's	Md
haurs after death Item 18. Give Page Office along riffn Iand 2 with the Sta after death		give street address) during most of working life even if retired \	12b. KIND OF BUSINESS OR INDUSTRY
ng vive	130	Riverdale Leland Memorial Hospital	
after alang alang with	130	TATE 12h COUNTY	Dead
t haurs afte liem 18. Gi Office alan, I and 2 with after death		aryland Brince George's Hyattsville YES ₹ NO 6700 Bellcrest FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	
Tar off	"	PROCEED THAT THE THE THE THE THE THE THE THE THE TH	Lost
hin 24 ncil in I niner's (pages I haurs o		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
JNER: This certificate shauld be executed within 24 haurs after degth to certificate, writing the word "pending" in pencil in Item 18. Give Pages shauld be farwarded to the Chief Medical Examiner's Office along with farifies. 3 shauld be used as a burial-transit permit. File pages land 2 with the State flation, or remayal, and in any event within 72 haurs after death.	1 0	(es, na, ar unknawn) (If yes give wer ar dates of service)	
is certificate shauld be executed with the word "pending" in performed to the Chief Medical Example used as a burial-transit permit. File remayal, and in any event within 72		B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ocute dica with		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure	minutes
exe endi Me if pe		DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	over 5 yrs.
be l 'pe hief ansit		Conditions, if any, which gave) rise to immediate cause (a). (b)	
shauld a the Change in any		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
Sh sh in the training the train		last (c)	
certificate writing the rwarded to seed as a language.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
Ward, wal,	8	Diabetes - over 5 yrs. 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	20 AUTOPSY?
e, w farv farv	CERTIFICAT	WAS PERFORMED?	YES NOTE
uner: This of the certificate, should be far files. 3 should be unation, ar remaining are remaining ar remaining are remaining ar remaining are remaining		2 a EXTERNAL CAUSE WAS 21b TIME OF IN. JRY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	
and	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P M 19	,
MINI the c 4 sho ur file e 3 sl emoti	ME	21d IN.JRY OCCURRED 21e, PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street at R.F.D. No. (ity at Tawn)	Caunty State
XAM ute th ge 4 yaur Yaur Crem		WHILE AT WORK AT WORK factory, affice building, etc.)	
DEPUTY SICAL EXAMINER: seessary, please execute the certifue funeral director. Page 4 shauld may be retained for your files. FUNERAL DIRECTOR: Page 3 shauselth priar to burial, cremation.		22a certify that I taak charge of the remains described above, held an Autapsy, Inspection [X], Inquiry	and in my apinian
Pictor.		death resulted from Natural causes 🔀 , Artident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner	
ITY please ry, please eral direct be retaine RAL DIRECT Prize to pright to be the control of the		ACTUAL CHIEF MEDICAL EXAMINER	
Y, P brail prid prid		SIGNATUREM D ASS STANT MED CAL EXAMINER 226. DATE	
DEPUT cessary e funer may be funer ealth p		EARINIER J	5-19-69
TO DEPUTY SICAL EXAMENESSARY, please execute the funeral director. Page 5 may be retained far you TO FUNERAL DIRECTOR: Page Health priar to burial, cre	230	NAME (Type) John Kehoe MD Riverdale, Maryland ADDRESS(Street, city, town, or county) BURIA, CREMATION, / 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(C) (C)
	Re	REMOVA (Specify) 5/21/1969 Anatomical Board of Md. Baltimore	(Caunty) (State)
	24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRARS 5	Md •
VR A15ME (5)			as Jonese



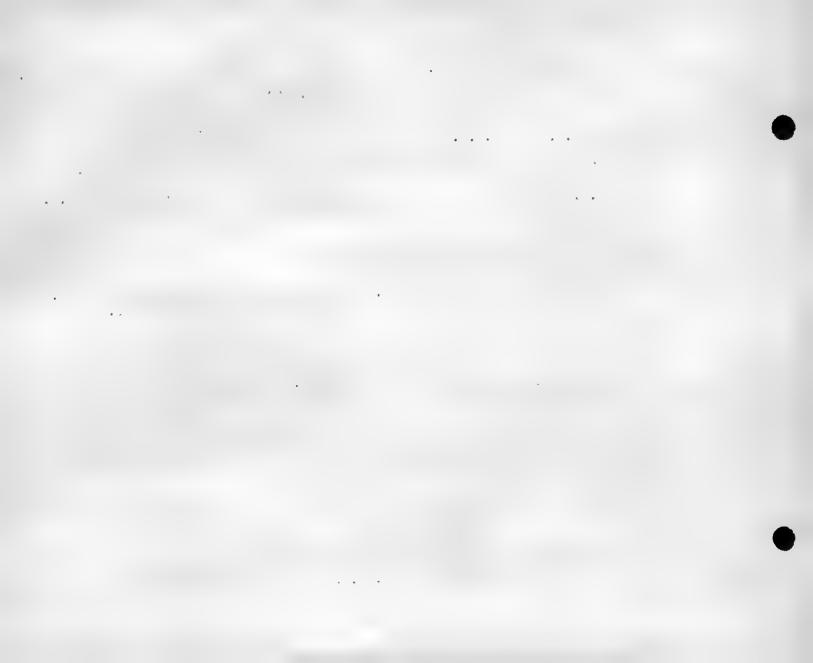
1	1	07352		301 W. PRESTON STREET, BALT		
* 1	, II	tem13 FilmGL13 6,		CERTIFICATE OF DEATH	more, marrianto 1110	07347
deoth. neral and 2 death.		DECEASED-NAME First (Type or print)	Middle	Last	2a. DATE OF DEATH Month Day	Year 26 HOUR
er deoff funeral 1 and er deaft	3.	Minni	Le A	Hillmuth	May 27,	1969 7:40P M
s after mer fur ages 1 k after	3.		White	S. DATE OF BIRTH 02-10-82		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	70	Female BIRTHPLACE (Stote or foreign 7	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
五 是 是	(0	INTRY N. CAROLINA	V.S		rince George's	Md.
within 24 tilled both within 7	10.	CITY OR TOWN OF DEATH Cheverly	11 NAME OF HOSPITAL OR IN OUTE Street address Prince Georg	STITUTION (If not in hospito 120 USU	At OCCUPATION (Kind of work done nost of work ng life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
exercical, within 24 hours after death all completely filled in by her funeral emove carban papers, Pages I and 2 ony event, within 77 mays, after death	6 13c	USUAL RESIDENCE (Where deceased nission) STATE MD	lived, finistitution. Residence before 13b COUNTY Prince George's	13 CELTY OR TOWA 7 7 A 13d. HISIDE CITY		1 23rd Avenue
	14.	FATHER'S NAME FIRST ROBER	Middle Last ALEXAND		LOUISE TAYL	OR Last
ertificate b physicion ten please tovol, and in	16	o. WAS DECEASED EVER IN U.S. ARMEI Yes, no, or unknown) (fyes give war	or dates of service) FORCES? Or dates of service) FORCES? A ON E	NO. 17. INFORMANT MRS LOUISE I	NIMPEE 6831B R	PUERDALE RD
quires that the death c physician. signed by the attending burial-transit permit. The		PART I DEATH WAS CAUSED IMMEDIATE Canditions, if ony, which gove rise to immediate cause (a) stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) Sonility DUE TO, OR AS A CONSEQUENCE OF	onary arterioscler	osis with occlusio	BETWEEN ONSET AND DEATH
ATTENDING PHYSICIAN: The law re retained by the hospital or offending EECTOR: After this certificate hos been 3 should be detached far use as the with the State Dept. of Health prior to	RT FICATION		NDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY? YES \ NO	206. 1F YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
ICIAN: pital or rrificate td far u	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH		9	er noture of injury in Port 1 or Port 2, It	em 18.)
PHYS the hos this ce detache	36	White Not while of work	ACE OF INJURY (AT HOME FARM, STREET, FA			County Stole
OR ATTENDING PHYSICIAL be retained by the hospital SIRECTOR: After this certifice e 3 should be detached far ed with the State Dept. of He		220 I certify that (I) (this saw the deceased aim causes stated above,	haspital) attended the decease re on 5-27-29 (1) (we) (did) (did nat) view the	ed from 2 - 2 , 19 4 , 19 4 9, and that in (my) (our) op bady after death.	$\frac{7}{6}$, ta $\frac{6}{6}$ - $\frac{27}{2}$, 19 inian death occurred on the dat	69, that (I) (we) last e ond hour ond from the
5 8 5 6 5		22b SIGNATURE	Ton	ATTENDING (T)	CTAFE	ATE SIGNED 28-69
PITAL moy RAL E		22d. PHYSICIAN'S NAME (Type)	on Levitsky, M.D.	22e. ADDRESS 3408 Rhod	e Island Ave. Mt	Rainier
TO HOSPITAL OR Page 4 may be 1 TO FUNERAL DIRI director, page 3 shauld be filed v	230	BURIAL, CREMATION, 23b DA		CEMETERY OR CREMATORY	1 23d .OCAT ON (City or Town)	(County) (State) MARYLAND
VR A15 M	24	FUNERAL DIRECTOR CHAME			BY REGISTRAR 2Sb. REGISTRAR'S S	



. 1 4	ഥ	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	6,	19/69 kk 117353 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07348
HEALTH DEPT.		ECEASED-NAME First M.ddle Lost 20 DATE KNOWN Month	
ta t		Carl Dewey Hopkins Jr DEATH MATED To 5	30 1969 6:21
ny delay is 2, and 3 ta PM3. Page	3 S	lest brithday) MONTHS DAYS HOURS MAN Month 5 Day 20	Yeor 19 69 6 50
2,2 V	70	AT WINITE 22 Jain 1932 3.6 YRS 78 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1907 a M
e be as	coun		M
after death. 8. Give Pages 1, plang with farm with the State beath.	10 (ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done	126 KIND OF BUSINESS OR
er de sive ng w ng w h the	130	Riverdale Give street address) Final mast of working 1 fe, even if retired Communication Communication	Government
should be executed within 24 haurs after death e ward "pending" in pencir if Tem %8. Give Page the Chief Medical Examinet's Effice plang with unial-transit permit. File pages Tand 2 with the Stat in any event within 72 haurs after death.		miss on) STATE Md. 13b COUNTY Prince George St. Pleasant No 77 Wilburn 1	Orive.
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2 2 2 2		Carl D. Hopkins Sr. Viven	Webb
hin 24 inch ip ninef s pages haurs		NAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) Yes Koren 184 24 0496 Jeanne C. Hopkins Same as #1	
I with per Exam File 72			APPROX MATE INTERVAL
g: igg: igg		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Heart failure	BETWEEN ONSET AND DEATH
pe execute pending" ief Medical nsit permit.		IMMEDIATE CAUSE (o) REALITED TRAILED	A Laboratoria
be ("pe "pe nief ansit		Conditions, it only, which gove) Arteriosclerotic heart disease	8 yrs.
should be executed to ward "pending"? to the Chief Medical burial-transit permit.		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she v he v ta th		last (c)	1
verificate writing the revarded to seed as a language.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(0)	
wariti wariti	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
Tree for the second sec	EE	WAS PERFORMED?	YES NO
ICAL EXAMINER: This certificate should be executed within 24 haurs after death execute the certificate, writing the ward "pending" in pencir is Them 48. Give Pages 1, far. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm of far your fles. CTOR:Page 3 should be used as a burial-transit permit. File pages Tand 2 with the State be burial, cremation, ar removal, and in any event within 72 hours after death.	MEDICAL CES	210 EXTERMAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M. P.M. 19	sm 18)
Sha s	MED.	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D. No City or Town	County State
ICAL EXAMINER: se execute the cert ctar. Page 4 shaul ned far yaur fles. ECTOR:Page 3 shou burial, cremation		WHILE NOT WHILE AT WORK AT WORK AT WORK	
it EXA xecute Page far yar DR:Pag		22a. I certify that I toak charge of the remains described above, held an Autopsy 🔲, Inspection 🔀, Inquiry 🗀	and in my opinion
Se escription of the control of the		death resulted frame Notura) causes 🔀, Accident 🔲, Suicide 🗍, Homicide 🔲, Undetermined manner	
TY please y, please and directs no retains to priar to be retained.		ACTUAL CHIEF MED CAL EXAMINER CALCULATION	FICHED
ury, eroll be a prii		SIGNATURE MEDICAL EVALUATION FOR	30 –69
no DEPUTY CLAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) John Kehoe, M.D., Riverdale ADDRESS(Street, city, town, or county)	
the the He		BURIAL, CREMATION 23b DATE 23c. NAME OF "METERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
			.G. Md.
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10M REV 1,680 1	\mathbf{F}	rancis Gasch's Sons Hyattsville, Md.	0 0

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	tuneral. Tand 2 er death.		luna as point)	rst ry	Middle L.	Jŧ	lost ackson	2a, DATE OF DEATH May Month	30°,	1969	26. HOUR M
	# P P P P	3. 5	Female	4. RACE	Negro		5 DATE OF BIRTH 3/10/1922	6 AGE (In last birth	years day) YRS,	F JNDER 1 YEAR WONTHS DAYS	HOURS AND
•	and campletely filled in by nertain any event, within 72 hauts after a any event, within 72 hauts after	cou W	BIRTHPLACE (State or foreign ntry) ashington D.C		OF WHAT COUNTRY?	MIDOMED		9. COUNTY OF DEATH Prince Geor	ges		Md
	w thin 24 filled ban pape (within 72)	G	ITY OR TOWN OF DEATH Lenn Dale		11 NAME OF HOSPITAL OR IN	Hospi	tal during	LAL OCCUPATION (Kind of wimast of working of a even of comestic	ork dane retired)	126 KIND OF E INDUSTRY	
	camptetery ave carbary y event, will	13o adm	USUAL RESIDENCE (Where de ssian) STATE D.C.	ceased lived, if i	institution. Residence befare JNTY		TOWN 13d INSIDE CITY			Road S.	E.
	be exe	14	ATHER S NAME First Samue		ddle Last Jacks	on 15	MOTHER S MAIDEN NAME		Middle	Tolso	Lost
	ertificate be physician o nen please laval, and ir		was deceased ever in U.S. (14 yes o	ARMED FORCES?	VICO) 577_2/_0/		Decedent	-	Address		
11	requires that the death certificate be executed physician. signed by the attending physician and cample burial-transit permit. Then please remave call burial, cremation, ar remaval, and in any event			USED BY EDIATE CAUSE (o) DUE TO O), (b) see DUE TO	O, OR AS A CONSEQUENCE OF O) OR AS A CONSEQUENCE OF		erythemato	sus with exte vascu	nsive	2 yrs	are interval iset and death 3. 5 mos
13	The law requires tha attending physicion. has been signed by se as the burial-trangh priar to burial, creric	CERTIFICATION	Diabetes me	CONDITIONS COP	c) NTRIBUTING TO DEATH BUT N SECONDARY TO OR WHICH OPERATION WAS PE	cortic	20a AUTOPSY?	CONDITION GIVEN IN PART 16 ministration 20b IF YES, WERE F CAUSES OF DEATH?		NSIDERED IN CEI	RTIFYING
	PHYSICIAN: TI e haspital ar o his certificate h stached far use Dept. af Health	MEDICAL CERT	210 ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF (If either, notify medical exceeding the contribution of the contribution) 21a. INJURY OCCURRED	DEATH HOUR	P.M. 19	,	W INJURY OCCURRED (Ent	er nature of injury in Part 1 (or Part 2, He		
•	OR ATTENDING PH be retained by the h JIRECTOR: After this e 3 shauld be detac ed with the State Der		While Nat while at wark at wark 22a. I certify that (9) saw the deceased causes stated above 22b 5.GNATURE	(this haspital alive on ave, (k (we)	(did) (NOX.NOK) view the	ed fram_ 9_69, and bady after d	that in (%% (aur) areath. ATTENDING PHYS 22e. ADDRESS G1.	66 , ta 5/30/ pinian death accurred a	n the date 22c DA Mital	69, that e and have a	
,	TO HOSPITAL Page 4 may TO FUNERAL I director, pag		REMOVAL (Specify)	6-6-	1 /3 /	enetery or	REMATORY	23d MOCATION (City or To	e with	(County)	(State)
	VR AT VISO	24	FUNERAL DIRECTOR CLIS	5- M	ADDRESS ADDRESS		25a RESUL	BY REGISTRAN 96925b	@Straps,si	SHAJUNI acad	g.K.



/_ 1			i, 301 W. PRESTON STREET, BALTIA	
+	07355		CERTIFICATE OF DEATH	07350
ent of the state o	FT . 1 . 1	ust Middle ernard	Jenkins	20. DATE OF DEATH 2b. HOUR 5 Month 20 Doy 69 Year 10:45am
offer de unit	3 SEX Male	4 RACE white	S DATE OF BIRTH 3/17/1900	6 AGE (In yeors FUNDER I YEAR IF UNDER 24 HPS. AGENTH OF HOURS MIN
I haurs in by ers Pa	70 BIRTHPLACE (Stote or foreign country) Virginia	7b. CITIZEN OF WHAT COUNTRY? USA		COUNTY OF DEATH Prince George
physician and completely filled in by the please remove carban papers. Pageovol, and in any event, within 72 hours?	10. CITY OR TOWN OF DEATH Riverdal	11. NAME OF HOSPITAL OR E	NSTITUTION (If not in hospital 120 USUAL and Memorial during mos	OCCUPATION (Kind of work done to working life, even if ret red)
ompletel	13d USUAL RESIDENCE (Where de odmission) Maryland	ceased lived, if institution. Residence before	Main 13c CITY OR TOWN 13d Host CIT A Hyattsvillers \ x NO	tance Hyattsville 150 13e STREET AND NUMBER 4217 Jefferson St.
be executed and controlly in only	14 FATHERS NAME First Easth	Middle Lost	IS MOTHER'S MA DEN NAME FIN	ry Middle Lost
hfitchte hysician n pleosi	160 WAS DECEASED EYER IN U.S.	ARMED FORCES? save war or dates of service) 578 03 5	NO 17 INFORMANT	Address Medical Records
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DING PHYSICIAN: The law reby the hospital or othending After this certificate has been be detached far use as the State Dept. of Health prior to	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Month Doy Yeo DITILITIES 21e PLACE OF INJURY (AT HOME FARM, STREET, F OFFICE BUILDING, ETC.	T 19 ACTORY.) 21f LOCATION Street or R.F.D. No	City or Town County State
OR ATTEN be retoined JIRECTOR: /	22b SIGNATURE 22d. PHYSIC AN S	this haspital) oftended the decea d olive on Sove, (I) (we) (ii) (did not) view the	attending MED	ECTOR LI PHYS LI 26 MAY 67
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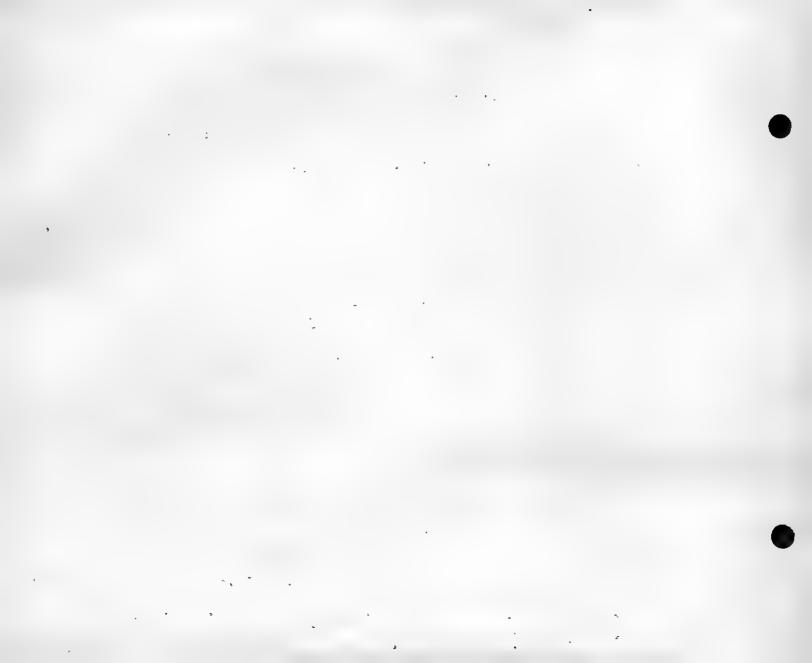
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South Sout	anciens.		WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURIT	Y NO 17 INFORMANT		
The property of the property o			es, INO COURTGAM)	577-42-51	74 Mrs. Kitty J	Johnson 4912 N.H.	
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OR CONTRIBUTING CAUSE OF DEATH HOUR A M. Month Day Yeor 19 19 19 19 19 19 19 19	or of a same	ER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY			rt 2 Item 183
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While Not while of work Not while of work Not work	YSIO	MED	21d. INJURY OCCURRED 21e. P.			No City or Town	County State
22a. I certify thot(I) this haspital) ottended the deceased from 1 (our) apinion death occurred on the date and hour and from the causes stated abave (II) (we) (did) (aid not) view the body ofter deoth. 22b pignature 22c. Date, signed 22d Physician's NAME (Type) William A. Wimsatt 22e ADDRESS 3415 Hamilton Avenue Hyattsville, Md.	PH the take the bear	Ш	While Not while of work	\ OFFICE BUILDING, ETC.	/		
saw the deceased olive in 30 fm 1984, and that in (mi) (our) apinion death occurred on the date and haur and fram the causes stated abave (ii) (we) (aid) (aid not) view the body ofter death. Saw the deceased olive in 30 fm 1984, and that in (mi) (our) apinion death occurred on the date and haur and fram the causes stated abave (ii) (we) (aid) (aid not) view the body ofter death. Saw the deceased olive in 30 fm 1984, and that in (mi) (our) apinion death occurred on the date and haur and fram the causes stated abave (ii) (we) (aid) (aid not) view the body ofter death. ATIENDING MED DIRECTOR STAFF O Program (iii) O Pro	ING be d fore		22a. I certify that (I) (this	haspital) ottended the decea	sed from J 1 Carel, 19		19 5 / , that (1) Twel last
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Ze & 2	TAL Noy AL C	П	22d PHYSICIAN'S NAME (Type) Willia	am Δ Wimca+t	27e ADDRESS	rilton Avanue Un	vatteville Md
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230 B_RIAL, (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d EOCATION (City or Town) (County) (Store) REMOVAL (Specify) 6-3-69 Riverview Competory Charlottocy:	HC Age	230	REMOVAL (Specify) 23b DA				
24 FUNERAL DIRECTOR CA CALLARY ADDRESS MARKET BY DECISION AND DECISION		24		-3-09 Kiver	CVIEW Cemetery		
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May po po f		NAME (Type)		22e. ADDRE	00084-11	140	St. 1)d.
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retoined by the haspiral or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt					070/10	31.	00 //("
FU Ge	230	BURIAL, CREMATION, 236. D	ATE 23c NAME O	F CEMETERY OR CREMATORY	23dOCAT OF	N (City or Town)	(County) (State)
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1	- 1	It	ems1,13,14&15	DIVISION OF VITAL RECORDS.	ID STATE DEPARTMENT OF HI 301 W. PRESTON STREET, BALTIN	ALTH NORE, MARYLAND 21201	
		7	1/1/69 kk 07	7358	CERTIFICATE OF DEATH		08830
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	s atter	3. SE [a]		4. RACE colored	S. DATE OF BIRTH May 23, 1969	6. AGE (In years last birthday) — YRS.	MONTHS DAYS HOURS M.N.
t hours of in by theers. Pages	Z hour	7a. E	BIRTHPLACE (Stote or foreign Maryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	LINAKKIED THE MEACH MARKIED TO	COUNTY OF DEATH Prince Georges (
icate be executed within 24 haurs after sical and completely filled in by the please remove carbon papers. Page	within /, /	10. C	ity or town of death Cheverly		STITUTION (If not in hospital 120 USUAL during mos	OCCUPATION (Kind of work done t of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
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a de la		14 F	ATHER S NAME First	Middle Lost Vincent Jones	15. MOTHER'S MAIDEN NAME Firs	st Middle Ella	Lost
irtificate be executed physical arthromble on please remove c	ond	160 V	Marvin WAS DECEASED EVER IN U.S. AF es, ng, or unknown) (If yes give		NO. 17. INFORMANT	Address	Morris
he death certific attending phys	ır remaval,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	an y one cause per line for (a) (b), and (c) ISED BY: DIATE CAUSE (a)	fure bake		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
at tise	crematian, c		Conditions, if ony, which gave note to immediate cause (a), stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	ture lalon -		
	ta burial,	N	PART 2 OTHER SIGNIFICANT CO	CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE ORCO	NDITION GIVEN IN PART 1(a)	
The law rattending has been use as the	<u>a</u> 1	CERTIFICATION		9b. CONDITION FOR WHICH OPERATION WAS PE	YES NO NO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	
ICIAN: pital ar rrificate id far t	at Hea	A	21a. ACCIDENT WAS UNDERLY DR CONTRIBUTING CAUSE OF DE (1f either, natify medical exam	DEATH HOUR A.M. Month Doy Year miner) P.M.	9	nature of injury in Part 1 or Port 2,	Item 18.)
PHYS he has this ce detache	e Dept.	W	ot wark at wark	Te. PLACE OF INJURY (AT HOME, FARM, STREET, FA		City or Town	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the haspital ar attending FUNERAL DIRECTOR; After this certificate has bee director, page 3 shauld be detached for use as the	the Stat		220. I certify that (t) (t	(this hospital) attended the deceas alive an A 4 2 3 ove, (1) (we) (did) (did nat) view the	ed from 1944 23, 1969 1964, and that in (my) (aur) apın body after death.	7 , to MAY 23, 19 ian death occurred on the da	te ond hour and from the
O HOSPITAL OR ATTENI Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 shauld	led with		22b. SIGNATURE	vailasoin)_		D. STAFF 22c	DATE SIGNED
TO HOSPITAL Page 4 may TO FUNERAL I director, pag	ld be t			CARDO SCARTA			pital
TO HO Page direct	shau		REMOVAL (Specify)	6/7/69 / Prince	Geo. General	23d LOCATION (City or Town) Cheverly, Mary	
VR A 30M RE	15 (Reg)(1	1	funeral director Hanry W. Penn	ADUKCOS	230 KEC D D1	REGISTRAR 25b REGISTRAR'S	SIGNATURE (E) Junge



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Į I	07359		301 W. PRESTON STREET, BALTIA	MORE, MARYLAND 21201	/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1			CERTIFICATE OF DEATH		07353
ogest ond 2	Type or print) Mar		Last	2a DATE OF DEATH Month Day	Year 25. HOUR 8
ag .	3 SEX	4 RACE	Joyce S DATE OF BIRTH	May 30	1969 2:50 M
)	Female	White	February 8, 1		MONTHS DAYS HOURS MIN.
	7o BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	T	.882 87 YRS.	
	country) Illinois	United States	8. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	Prince	Coopen
	IO. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospitel 12a USUA!	OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
2	Hyattsville	give street address) Sac	red Heart Home! How	st of working life, even if retired)	INDUSTRY,
1	13o. JSJAL RESIDENCE (Where dece	ased lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIN	1759 13e. STREET AND NUMBER	
1	Distric		Washington YES NO	_ TADA - 3Aru	Street, N.W.
2	14. FATHER S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME FIT	st Middle	Last
N.p	Joseph 16a. WAS DECEASED EVER IN U.S. AI			nna	Germaceau
	Yes, no, or unknown) (If yes give	war ar dates of service) 579–62–78		ome, Hyattsville	e. Marvland
	NO LOUSE OF BEATH (Enter	inly one cause per line far (a), (b), and (c)	V4		APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUS	ED BY			BETWEEN ONSET AND DEATH
	A. IMMEC	DUE TO, OR AS A CONSEQUENCE OF	Or sugar	arternaloration	
	Conditions, if ony, which gave	1) Boundie	e artonomalaine	Hent Diane	nears
	rise to immediate cause (a) stating the underlying cause				7
	last.	(c)			
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE ORCO	NDITION GIVEN IN PART 1(0)	
	E 19a, DATE OF OPERATION 191	. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	INCIDEDED IN CERTIFYING
1	19a. DATE OF OPERATION 191	, continued on which of Exercise was the	YES NO	CAUSES OF DEATH?	HODELED IN CENTIL HITO
1			21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, (t	em 18)
	G (If either, notify medical exam				
			CTORY.) 21f LOCATION Street or R.F.D. Na.	City or Town	County State
	While Not while at work				
	22a. I certify that	his haspital) attended the deceas	ed from 3//0 , 196	2, ta 5/30, 196	, that (1) (we) last
	causes stated abov	ver (ID (we) (did not) view the	ed from 3/18, 196, 1969, and shot in (my) (aur) apir bady after death.	iian dearn accyrrea an the dat	e and nour and Iram the
,	22b. SIGNATURE	1 1200		22c. D	ATE SIGNED
/	John !	I Tamber 1	DEGREE PHYS DI	RECTOR L. PHYS. L. 3	130/69
/	22d. PMYS CLANS JOHN	W WINKLOR	TR 220. ADDRESS 5800	10th PLM	
		DATE 23c, NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Canal)
		6-4-69 MX	Clivet ameter	230 LOCATION (CITY OF IGWIN)	(County) (State)
1	24 FUNERAL DIRECTOR	ADDRESS	2So. REED BY		
8	w.w.chan	ube+6.517-11-1	CX C. DATE UN	5 1969 Telian	las Judge :

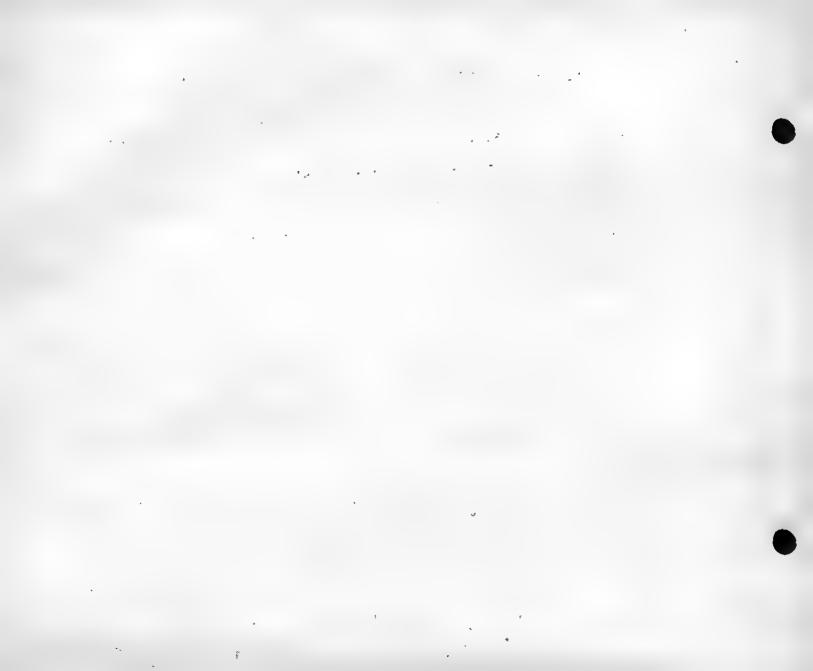


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hours after parties after part		BIRTHPLACE (State or foreign itry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH	i O
nin 24 in filled in paper.	10.	ITY OR TOWN OF DEATH	AHLRICH.	NSTITUTION (If not in hospital 120 USI	JAL OCCUPATION (Kind of work done	10k KIND OF BUSINESS OD
within 2	L	TOREST VILLE	give street address)	IURSING HOME Ret	Charles Coerala	LO MINUNCOT
of the executed within cian-and completely floate remove carban and in any event, with	13o odm	USUAL RESIDENCE (Where deceo ssion) STATE MHRYLAND	13b COUNTY CRINGE GEORGE	ore 13c CITY OR TOWN 13d INSIDE CTY	LIMITS? 113e STREET AND NUMBER	24
ny e		ATHER'S NAME First	Middle Las	3 TORESTOILE	- JAJO ZUKNINA	DR IV Z
and			J. Hurley	Nay Lanaha		4091
ificate yscial please of, and		WAS DECEASED EVER IN U.S. AR		(SCHO) ILE HEADANANE	g. Son Address Drive Forestvill	e. Md.20028
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equires that physician. Signed by burial-tran burial, crem		stating the underlying couse last	(t)	March on C 4E	ent-priese	
ng ph ng ph to bur	=	PART 2 OTHER SIGNIFICANT CO	onditions contributing to death but	T NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
4: The law re or attending the has been use as the salth priar to	CERTIFICATION	190. DATE OF OPERATION 196	o, CONDITION FOR WHICH OPERATION WA	S PERFORMED 200 AUTOPS NO [20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
TIAN: Ital or ificate for us	MEDICAL CER	21d ACCIDENT WAS UNDERLYING CAUSE OF DEA	ATH HOUR A.M. Month Day Y	21c. HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 or Part 2, Ite	m 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN: I Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept of Health	MED	(If either, natify medical examination of the control of the contr		I, FACTORY.) 21f. LOCATION Street or R.F.D. N	a City or Tawn	County State
by the fifer the december of t	L	220. I certify that (I) (th	his hospital) attended the dece	osed from 19 , 199 19 69, and that in (my) (our) op	59, to 5 22., 196	7, that (I) (we) lost
ATTENDING etained by th CTOR: After t should be de	١	sow the deceosed o couses stated abov	ol.ve on January (did) (did not) view t	—19_ 10_1 , and that in (my) (our) of he body after death.	Dinion death accurred on the date	ond hour ond from the
OR AI		226 SIGNATURE	v. b. Bond	DEGREE PHYS		TE SIGNED 22.69
O HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the host o FUNERAL DIRECTOR: After this cat director, page 3 should be detache shauld be filed with the State Dept		22d PHYSICIAN S NAME (Type) OL	VER. B. BONE	22e ADDRESS 7		NP 20028
O HOSPITAL Page 4 may O FUNERAL E director, pag shauld be fil	23a			of CEMETERY OR CREMATORY Olivet Cemetery	Washington, D.	(Caunty) (State)
VR A15 (4)	24.	FUNERAL DIRECTOR BOLOTT	E Wilholm Finance	ESS L'ome 250 REC'D	BY REGISTRAR 25b. REGISTRAR'S ST	GNATURE
30M REV 1/68	4	303 Suitlind R	E. Wilhelm Funera	1, 11., 20023 DAMAY	27 1969 Milan	es Judge



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			07361		DIVISION	OI VIIAL			ATE OF L		inoke, in	MATLAND Z	1201	0735	5
	oth.		1 DECEASED NAME	First			Middle		Lost		2a. DATE	OF DEATH			2b HOUR
	deot neral		(Type or print)	Nat	hanie	1			King			Month Mav	Pay	1 969	10:pM
			3 SEX		4. RACE				DATE OF BIR	TH		6 AGE (In vi	ears	IF UNDER YEAR	IF UNCER 24 HRS.
	\$ 3 8 E		Male		1	Negro			10/22	2/19		east birthdo	υγ) YRS	MONTHS DAYS	HOURS MLN
	hour s hour		70 BIRTHPLACE (Stote	or foreign	76 CITIZEN O	OF WHAT COUNT	TRY?	8 MARRIED	NEVER MARR		9. COUNTY				
	d in pers		North Car		USA	A		WIDOWED [Prin	ce Geor	geS		Md.
	f Hed poper	,	10 GTY OR TOWN OF	DEATH		11 NAME OF HO	SPITAL OR INSTI	TU110N (If not	in haspital		L OCCUPATI	ON (Kind of wor	rk dane	12b. KIND OF B	
	with hely bon with	* .	Glenn D a le	, Maryl	land	Glen	ın Dale	Hospi	tal	Journa Ma	abore	ng life, even if r L	etired)	INDUSTRY	
	cecuted within 24 campletely f lied in poper y event, within 72	14	130 US_AL RESIDENCE admission) STATE	(Where decease	ed Lyad, if in 135. COUI	istitut an: Resid NTY	ence before	Wash.	1.	YES NO		STREET AND NUM		7.4	
	mov	100	14 FATHER S NAME	First	Mrd	dle	Lost		MOTHER'S MAIL			13 Oakd	Aiddle	street,	N.W.
	be exec	3		Louis	1411 0		King	1	INCOMER S TOPES		ouise		lidala	т	
	ne death conflicate be execute attending physician and camp permit. Their prease remove ion, or remercal, and in any eve	novdf	16a WAS DECEASED EV	ER IN U.S. ARM			IAL SECURITY NO		FORMANT		Ourse		dress		ove
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	5 - SE		18. CAUSE OF D	EATH (Enter an)	y one cause i									APPROXIMA	ATE INTERVAL SET AND GEATH
	that the death an. by the attendin tronsit permit. cremation, or re		PART 1. DEA					carci	noma,	left 1	lung,	with me	tas-	BETWEEN UM	ET AND DEATH
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1	equires that the physician. signed by the burial-tronsit burial, cremati		stating the unde			OR AS A CONS	EQUENCE OF								
S	equires physici signed burial-t burial-t		last.	,	(c)										-
19	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Their place remove carbon papers and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remercial, and in any event, within 72 hours are death.		PART 2 OTHER S Puln	ignificant coni ionary (ditions con tuberc	ulosis.	EATH BUT NOT	RELATED TO	THE TERMINAL I	DISEASE OR CO	ONDITI ON GE	VEN IN PART 1(o))		
	law andiin bee s ff		190. DATE OF OPER	ATION 19b. (ONDITION FO	R WHICH OPERA	TION WAS PERF	ORMED	20g. AUTOPS	SY?	20b.	IF YES, WERE FIN	NDINGS CO	INSIDERED IN CER	RTIFYING
	The office of the se of the office of the of	1	景						YES	NO X	CAU	SES OF DEATH?			
	In or a control or control or a					ME OF INJURY		21c HOV	INJURY OCCU	RRED (Enter	nature of in	njury in Part 1 ar	Part 2, It	tem 18.)	
	Pite de la company de la compa		G (If either, notify	medical exomin	er)	P.M.	Day Yeor 19								
	PHYS e hos nis ce toche Dept.		While Not w	hile 🦳 📗	PLACE OF INJI	URY (AT HOME E	ARM, STREET FACTO JUNG, ETC	PY.) 21f LOC	ATION Street	ar R.F.D Na	(ity or Tawn		Caunty	State
	the de		ui wark ar wa	OTIK	c hospital)	attended th		f====	7. 725	10.6	0 +-	576	10	60 41	41 ()
	Affin		220. I certify saw the	deceased ali	ive an	5/6_	19	69_ , and :	that in (mw)	, 17 <u>.0</u> (our) opir	ca, 10 nian death	n accurred an	, 17_ the dat	e and bour a	nd from the
	OR: OR: Saul		causes s	toted above,	·漢)(we)(dıd) (४६४ ४ ६४)	view the bo	ady after de	ath						no nons me
	retorete A A A A A A A A A A A A A A A A A A		22b. SIGNATURE	1/1/1	1 //V	N.			ATTENDING	_ MI	ED.	STAFF C		ATE SIGNED	
	Dige Dige	7	22d. PHYSICIAN S	ווטעוע	VY	un		DEGREE	PHYS	DII L	RECTOR 12	T PHAS	1 .	6/69	
	Moy RAI RAI		NAME (Type)	Mac U	loiss	M D			22e. ADDRE			e Hospit			
	OSP JNE Star		230. BUR AL, (REMAT C		leiss.		HAME OF CE	NETEDVICE NO	State Honey I'm	Glen		e, Mary		45	77. 3.3
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 moy be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to		REMOVAL (Specify Removal		14/19	9 23	NAME OF CE	TUNT	CALL B	UAKU		IION Giver To		C. Chu	(State)
		41	24 FLATPAL DIRECTOR	7 - /	4/	D	APDRESS				REGISTRAR	25b REG	2 2 SASTE	GNATURE	_
	VR A15 (4 45M - 1/6	69		an:	7 U	you	77		1	DATEJUN	5	1969 /	Clay	May you	300

			1			D STATE DEPARTMENT OF HEAL		
				07362		301 W. PRESTON STREET, BALTIMOI CERTIFICATE OF DEATH	RE, MARYLAND 21201	nwara
				CEASED-NAME First	Middle		DATE OF DEATH	07356
	to be to			ype or print)	7) = 3	ν	DATE OF DEATH Month More 10	Year 2b, Hour
	P. 25		3 58	Femal	e Baby	S DATE OF BIRTH	PidV	1969 10 - 30
	the second		, "	female	colored		fost birthday)	MONTHS DAYS HOURS MIN.
	by the Page		70	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	May 9 1969	UNTY OF DEATH	124
	in the	4	เดเม		U.S.A.	8. MARRIED NEVER MARRIED XX 9. CO		. At 8
	hin 24 filled n pape ithin 72		10. (ITY OR MELTY TANK	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120 1150A) Off	UPATION (Kind of work done	125 KIND OF BUSINESS OR
	e death certificate be executed within 24 haattending physician and campletely filled in sermit. Then please remave carban papers on, or remaval, and in any event, within 72 h	į .	P	Cheverly	give street oddress) Prince Georg	ze's Gen. Hosp	working life, even if retired.)	INDUSTRY
-	nplet e car	1	13a adm	USUAL RESIDENCE (Where deceos ssion) STATE Maryland	ed Irved, if institution Residence before 13b_COUNTY Prince George	13c CITY OR TOWN 136 INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
1)	xect nav	1 16	14 1	ATHER S NAME First	Middle Last	Is. MOTHER'S MAIDEN NAME First	100 9th, St	Lost
/	and and rer	1	,	unmarried	Widdle 1031		Middle	
	ite k			WAS DECEASED EVER IN U.S. ARN		NO. 17. INFORMANT	Address	Kosh
	ifico nysie al,		Y	es, no, or unknown) (If yes give w	or or dotes of service)			
	cert g pl			18. CAUSE OF DEATH (Enter on	y one couse per line for (o), (b), and (c).	1		APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
	ath ndin iit.			PART 1. DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (0) Drematic		_	STORES GOST MAG SECTIO
	after erm			117X	DUE TO, OR AS A CONSEQUENCE OF	/		
	the the resit particular			Conditions, if only, which gove	(b)	/		
	that in. by 1 cans		'	rise to immediate couse (a), (stating the underlying couse(DUE TO, OR AS A CONSEQUENCE OF			
	res sicio sicio sicio sicio sicio al, c			last.	(2)			
	equires tha physician. signed by burial-tran			PART 2 OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CONDIT	ON GIVEN IN PART 1(a)	
	law re inding been s the ior to		8					
	The la attent has b se as th prior	1	CERTIFICATION	196. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS COI CAUSES OF DEATH?	NSIDERED IN CERTIFYING
	r at r at e ho		ERTIF	21o. ACCIDENT WAS UNDERLYIN	A Tall Tille OF INDIAN	YES NO		100
	da al			CONTRIBUTING CAUSE OF DEAT	HOUR AM Month Day Year	21c. HOW INJURY OCCURRED (Enter notu	re of injury in Port 1 of Port 2, Ite	em 18.)
	SIC Spit spit ertii ned t. af		MEDICAL	(If either, notify medical examinated 11d. INJURY OCCURRED 21e.			City or Town	County State
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the foreign director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages, Tond should be fited with the State Dept. at Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.			of work of work		CTORY.) 21f LOCATION Street or R.F.D. No.		,
	by free			220. I certify that (t) (th	s hospital) ottended the deceos	ed from MAY 6 , 1969 1962, and that in (my) (our) opinion	, to_MAY 10, 19_	67, that-(+) (we) last
_	R: A			saw the deceased a	(t) (we) (did) (did not) view the	タ으ん, and that in (my) (our) opinion hadv after death.	deoth occurred on the dot	e ond hour and from the
	ATTO Strain Should should be should			22b. SIGNATURE	The state of the s		22c. D/	ATE SIGNED
	OR De re	1		1 thouse	'me_	DEGREE PHYS. MED.	OR D STAFF	May 10 1965
	AL by to oggo	/	L	22d. PHYSICIAN'S	0.0.	22e. ADDRESS)
	4 m ERA or, F d be			NAME (Type) Hug	4 G Clark	7309 Riggs R	oad Hyattsville	Maryland
	HO ge FUN rect			BURIAL, CREMATION, 23b. I	DATE 23c NAME OF	CEMETERY OR CREMATORY 23d	. LOCATION (City or Town)	(Caunty) (State)
	5 5 5 p	^	C	REMOVAL (Specify) remation		rge's General Hosp. Cl		
	VR A15	WE	24.	FUNERAL DIRECTOR	ADDRESS			IGNATURE
	30M REV	88		Harry W. Penn.	Jr., Administrat	or DATE MAY 2	2 1969 fclian	The state of the s

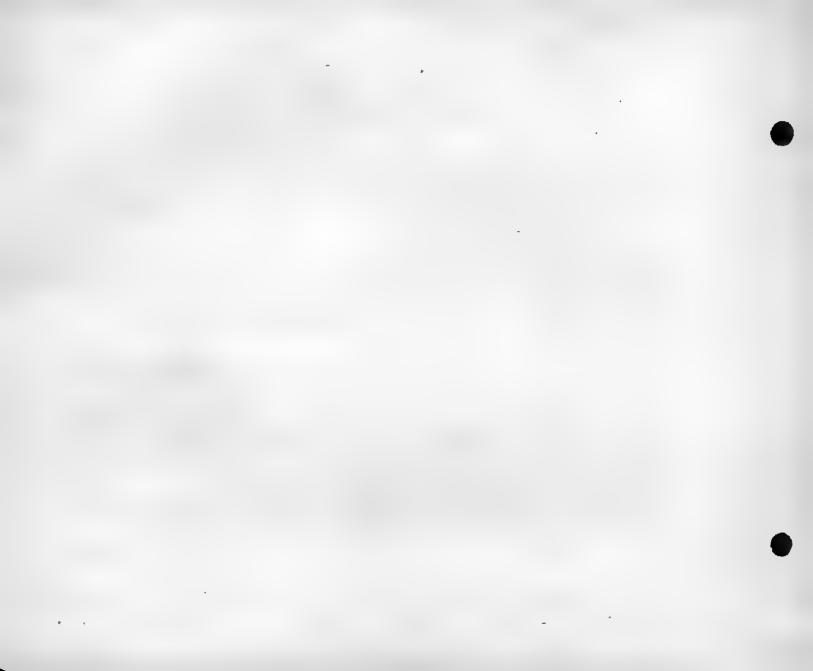


1	07363	DIVISION OF VITAL REG	CERTIFICA	eston street, baltimo ATE OF DEATH	DRE, MARYLAND 2120	07357
Ī	DECEASED NAME (Type or print) Bab	y Boy "B"	le K	Kosh 2	o DATE OF DEATH May	25 HOUR 9, 1969 9:10P M
Ĺ	male male	4 RACE colored		May 9,1969	6 AGE (In years tast b rinday)	IF UNDER YEAR IF UNDER 74 HRS. MONTHS DAYS HOURS SME
(0	BIRTHPLACE (State or foreign untry)	76 CITIZEN OF WHAT COUNTRY: U.S.A.	WIDOWED	DIVORCED	ounty of DEATH 'rince George'	Md
	CITY OR TOWN OF TRAIN Cheverly	a na Ling Ling (Br)		en. Hospyring mostly	CCUPATION (Kind of work do	ne 126. KIND OF BUSINESS OR INDUSTRY
13: ad-	usual RESIDENCE (Where deceded signal was used) Habry land	13b COU Prince Ge	orge 13c CITY OR	TOWN 3d INSIDE CITY LIMITS? Aurel YES NO	The second control and second	reet
	FATHERS NAME First unmarried	Middle		MOTHER'S MAIDEN NAME First The	lma Middle	Kosh
16	a. WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) (II yes give v	MED FORCES? 16b SOCIAL S var or dates of service)	ECURITY NO. 17 IN	FORMANT	Address	3
	PART 1. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQU	aturity ENCE OF	(1et.70g.)	, I by	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2		(4)	H BUT NOT RELATED TO	THE TERMINAL DISEASE OR COND	TION GIVEN IN PART 1(0)	
CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION		200 AUTOPSY? YES HO	CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
FDICAL CE	OR CONTRIBUTING CAUSE OF DEA	H HOUR A.M Month Da	Y Year 19	W INJURY OCCURRED (Enter nat	ure of injury in Part 1 or Part	2, Item 18.)
25	at wark of wark	PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING			City or Town	County State
	causes stated above	is hospital) attended the live on MAX 7 e, (I) (we) (did) (did nat) vi	deceased from M 1967, ond w the bady after d	that in (my) (our) opinion eath.		19 <u>67</u> , that (I) (we) last date and hour and from the
	22b. SIGNATURE	en	DEGRE		TOR PHYS D	22c. DATE SIGNED
200	NAME (Type) 4 c		r/c	7309 Riggs I	Road Hyattsvi	lle, Maryland
C	BURIAL (REMATION, 23b REMOVAL (Specify) remation 5-	16-69 Pri	ame of cemetery or conce George ADDRESS			(County) (State) ACCE George * s, Md.
24	Harry W. Penn,	/ / /	_ /	DMAY 2 2		rlas Joseph

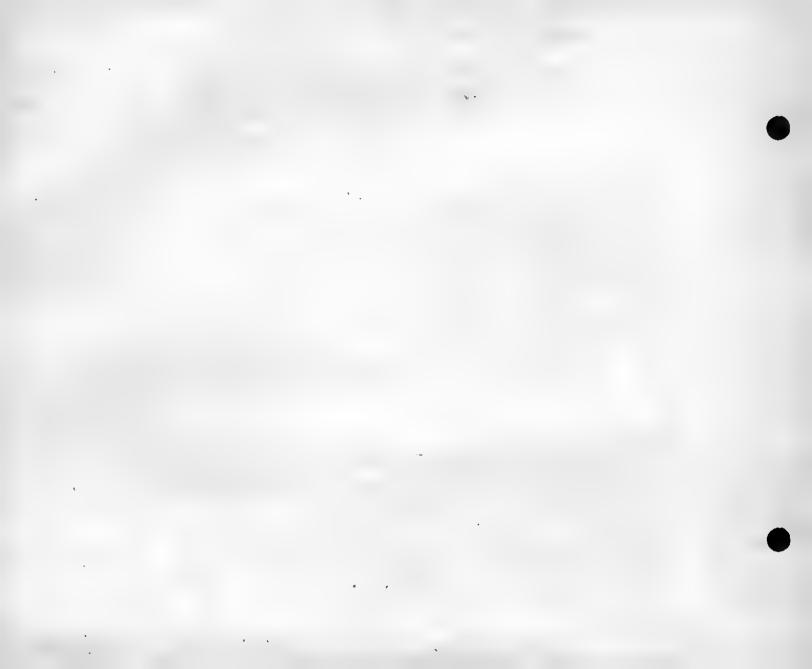
MARYLAND STATE DEPARTMENT OF HEALTH



L	01903		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		07358
-{1	(CEASED NAME First ype or print) Marth		Kraft	20 DATE OF DEATH May Month 10	2b. Hour 1969 10:15
3. SE	x Female	4 RACE White	5. DATE OF BIRTH 9/25/83	6. AGE (In years last bathday) VRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
7o, (cour	SIRTHPLACE (Stote or Fareign	75 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Prince George's	
10 0	ITY OR TOWN OF DEATH Cheverly	11 NAME OF HOSPITAL OR IN give street address) Prince Geor	STITUTION (If not in hospital lea USU) ge's Gen. Hosp	AL OCCUPATION (Kind of work done of the control of	126 KIND OF BUSINESS OR INDUSTRY COME
odmi	ssion) STATE Maryland	d lived, if institution Residence before 13b COUNTY Prince George's	St.Pleasant YES NO	13e STREET AND NUMBER 6708 F St.	
14 F	ATHER S NAME First Henry	M dale Lost - Jeter	IS MUTHERS MADEN NAME I		Lost
lán	WAS DECEASED EVER IN U.S. ARME			ıra R	Rankin
		or dates at service;	Paul E. K	raft 6900 C St	Seat Pleasant
	1B. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	ane cause per line far (a), (b) and (c)	the the		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIAT	E (AUSE (o) CET EFT THE	thranches	47	/ weik
	Conditions if any/which gave	DUE TO, OR AS A CONSEQUENCE OF	Anteriproch.	2012is	12 years
	rise to mmediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	bratic Cardiar	asecuios de se una	11 jeans
2	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	
CERTIFICAT ON		ONDITION FOR WHICH OPERATION WAS PE	YES 🔲 NO 🔯		
¥	21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Manth Day Year P.M.		nature of injury in Port 1 or Port 2, i	Item 18.)
_	21d. INJURY OCCURRED 2ie. P While Nat while at work	LACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC	(TORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	Caunty State
	saw the deceased all causes stated above	xbassaral) attended the decease ve an (sky) (sky) (did not) view the	ed from	nion death occurred on the do	
	22b SIGNATURE	LITTED HI			DATE SIGNED /10/69
	22d PHYSICIAN'S NAME (Type) Pet	er Duus, M.D.	22e. ADDRESS 6056 Centa	cal Ave., Capitol	Hgts.,Md.
		13-1969 Glen	CEMETERY OR CREMATORY Wood Cemetery	23d LOCATION (City or Town) Washington	(County) D. (State)
24			and Maryland 250 RECD B		



1	5/29/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	07365 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	59
HEALTH DEPT.		y Year 2b HOUR
209 75 /	1 DECEASED NAME First Modele Lost 2a DATE KNOWN Month Dog OF ESTI- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9 194:20pm
ny deloy is 2, and 3 to Poge portment of	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in yours if Jinder 1 YEAR IF LINDER 24 HRS 2c. DATE PROHOUNCED DEAD	2d HOUR
delo and delo	Male White 10-21-3950 18 yrs	69 196:35pm M
	70 BIRTHPLACE (State or foreign 75 CT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	57 11 0 1 3) Date m
S Corre	(Qunity) Wash, D.C. U.S.A. WIDOWED DIVORCED Prince George Is	Me
4 hours ofter death 18. Give Pages 1, 20ffice olong with farm 1 lond 2 with the State D	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b	KIND OF BUSINESS OR
de P F F F F F F F F F F F F F F F F F F	SultLand Andrews Air Force Base Hosd/ Student	USTRY
s offer 18. Giv	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c (3TY OR TOWN 13d Missing CTY LIMITS? 13e STREET AND NUMBER	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Maryland Prince George's Camp Springs YES NO 7104 Pleasant Hi	ll Drive
hem lond 2	14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle	Inst
	William D. Langston Marion M Lint:	Δ
thin 24 miner's miner's pages	16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (fyes give wor or dates of service) 16b SOCIAL SECURITY NO. 17 INFORMANT Father Same as 13 abode	
with per xam xam 11e 1		
should be executed with word "pending" in pending. In penting the Chief Medicol Exanural-transit permit. File in any event within 72	1B. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrocution	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ling edic erm wit		
f M f M f m f m	DUE TO, OR AS A CONSEQUENCE OF	
d be Chie ran:	rise to immediate cause (a). (b)	
world world he id-t	stating the underlying couse Due TO, OR AS A CONSEQUENCE OF	
Se	(6)	
necessary, please execute the certificate should be executed within 24 hours ofter death necessary, please execute the certificate, writing the word "pending" in pencil in Nena 18. Give Page the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office-along with 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, lond 2 with the Store Health prior to bur all, cremation, or remayal, and in any event within 72 hours after death.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)	
vritif vritii vora ed c	190 DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
fer es	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNA. CAUSE WAS 216 TIME OF INJURY Month, Day Year 2.c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hern)	YES NO
Third ficat	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 2.c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1	IB.)
ertiff vold nout	PRIMARY TO OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH PRIMARY TO OR CONTRIBUTING HOUR A.M. 4:15 pram 5-18-1969 Climbed utility pole [21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street) 21f LOCATION Street or R.F.D. No. City or Town Company Co	
Short Short	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City ar Tawn Co	aunty State
Cren	WHILE AT WORK AT WORK OF Grounds of Crossland High School, Prince George County, I	Md.
o DEPUTY SICAL EXAMINER: necessary, please execute the certif the funeral director. Page 4 should 5 may be retained for your files. o FUNERAL DIRECTOR: Page 3 should Health prior to bur al, crematian,	22a certify that I taak charge of the remains described above, held an Autopsy [7], Inspection [7], Inquiry	and in my apinian
CTO Fee for Fe	death resulted frag Natural sauses // Accident XI, Suicide Hamiside Undetermined manner	, , ,
ease lirer dain to	CHIFF MEDICAL EXAMINER	
	ACTUAL SIGNATURE	IED
OUT Sary ner be be	EXAMINER'S DEPUTY MEDICAL EXAMINER \(\overline{\text{S}}\) 5-1	9-69
TO DEPUTY necessary, the funero 5 moy be TO FUNERAL Health pr	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
5 a + ~ 5 x		unty) (State)
	Burial (Sped(v) 5-22nd 1959 Resurection Clinton Pr. Geor. 24. FUNERAL DIRECTOR ADDRESS 131 1. th 250 RECD BY REGISTRAR 25b REG STRARS SIGN	ge Md
	24. FUNERAL DIRECTOR ADDRESS 1 1 1 250 REC BY REGISTRAR 25b REG STRARS SIGN	ATURE
VR A15ME (5)\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ober attingly st . F. D. GOATEMAY 2 1 1969 journes	a Judge
4		**



	5	23/69 kk DIVISIO	N OF VITAL RE	CORDS, 301 W.	PRESTO	N STREET,	BALTIMORE	, MARY	AND 21201	L Film(413 5	/29/	69kk
FOR STATE	-/	073	66 MEDIC	AL EXAMINE	R'S C	ERTIFICA	ATE OF D	HTAS			073		
HEALTH DEPT,		ECEASED NAME FIR	st	Middle		1	ost		20. DATE KNO	TI - /		Year	2b HOUR
a b ag a b			Lattimore				Mae		OF ES DEATH MA	TED 📭 🦻	70	19 69	2:39
delay	3 5	X 4. RACE	S DATE OF BIRT	上リアリ led	SE (In years I bathday)	MONTHS	DAYS HOURS	ER 24 HRS.		NOUNCED DEAD	- / V		2d HOUR
iny delo	ļ	F Negro	4	ril 4896	71 YRS						16 Year	19 69	3:1
	/0 60U	SIRTHPLACE (State or foreign	76 CITIZEN OF WHA	AT COUNTRY?			ER MARRIED		INTY OF DEATH				
ges for		ITY OR TOWN OF DEATH	USA	ME OF HOSPITAL OR I		OWED D	DIVORCED			George		D OF BUSIN	Md.
after death 8. Give Pages along with for with the State	10.	Cheverly	give st	reet oddress) nce George	ioniono.	. (11 1101 111 11	duri			a at work done even if retired.)			4E22 OK
1 2 5 E 4/1	130	LSUAL RESIDENCE (Where dece	osed lived, if institut	nce Georgi	e IS (OR TOWN	13d INSIDE CI	TY LIMITS?	13e. STREET AF	ND NIIMBER			
along with death.		Imission) STATE Md	135 COUNTY	ince Geor	re S	St. Ple	a.san ^y iy 🗔	NO 🗌	7249		er Dr	ive.	
hours after death Arem 18. Give Pages 1, Office along with form 1 and 2 with the State D	14. 1	ATHER'S NAME First	Middle	rost	(b) v	IS. MOTHER	S MAIDEN NAN	LE First		Middle		Lost	
4 00 00													
page pour		WAS DECEASED EVER IN U.S. ARMED es, no, or unknown) (If yes giv	FORCES? e war or dates of service)	16b. SOCIAL SECURITY I	NO	17. INFORMAN	T			ADDRESS			
EXPERIMENTAL STATE OF THE PROPERTY OF THE PROP	<u> </u>									*	A/	PPROXIMATE :	MTERVAL
be executed "pending" ir iief Medical i inst permit. I event within		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	ie for (o), (b), ond (c).		Joant	failure	,				WEEN ONSET A	INO DEATH
xec ndin Aedin perr		412 MMED	IATE CAUSE (o)	AS A CONSEQUENCE O		rear b	tarraic					1 14111	•
per per lef /		Conditions, if ony, which gove	1	AS A CONSERVERNEE OF		Anten	ioscler	otic	heart	disease	u	nlmov	wm
Para de la compara de la compa		nse to immediate couse (a) stating the underlying couse	DUE TO, OR	AS A CONSEQUENCE O	F	742 001							
shauld be e ne ward "per o the Chief I burial-transit		lost) (c)										
is certificate shauld be executed to writing the ward "pending" in farwarded to the Chief Medical Eve used as a burial-transit permit. Firemayal, and in any event within		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTR BUTIN	NG TO DEATH BUT NOT	T RELATED	TO THE TERM	INAL DISEASE O	R CONDITIO	IN GIVEN IN PAI	RT 1(o)			
certificate writing the invarded to so a lased as a landard, and	NO										122		
This certificate, writing forward be used or remayal	3	190. DATE OF OPERATION		19b. CONDITION FOR A WAS PERFORMED		ERATION					20.	. AUTOPSY?	
This ficate, be for d be or rer	CERTIFICATION	210. EXTERNAL CAUSE WAS	215 TIME OF I	NJURY Month, Day, Yea	w T	Dir HOW INTE	IPY OCCUPPED	(Enter notu	ta of munor in I	Part 1 or Part 2	Item IB1	YES 🗌	NO [X]
INER: T he certifica should b files. 3 should nation, or	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.N	١.			on occumen	(1.110. 11010	eo or anjory and	1011 01 011 2	, 110117 107		
INER Ine cer shau files. 3 sha natior	ME	21d INJURY OCCURRED 21e	PLACE OF INJURY (A	t home, form, street,		of Location	Street or R.F.D.	No.	City or Fo)Wfl	Countr	Y	State
ICAL EXAMINER: execute the certifor Page 4 shauld ed for your files. CTOR: Page 3 shau burial, cremation,		AT WORK AT WORK	octory, office building	j, etc.)									
		22a. I certify that I	taak charge _j af th	e remains describ	ed abav	e, held an	Autapsy 🗌	, Ins	pectian X	, Inquiry	X or	nd in my	apinian
bicat se exector Protector Protector Protection Protect		death resulted framy	Naturel cause	es Accider		Suicide [, Hami	cide 🔲,	Undetern	nined manne	er 🔲		
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	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		07367 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07361
HEALTH DEPT.	1.	NEPAPPR MANE	16 1969 2b HOUR
delay	3 :		2d. HOUR
_E ~ ~ Z		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED STINEVER MARRIED 7 9 COUNTY OF DEATH	OIII.
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2 with death		USUAL RES DENCE (Where deceosed lived, if institution, Res dence before 13c. CITY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER 13th COUNTY Prince George Hillside YES IN 10 12 14-04 51st Av	re.
24 hours ris Office es land?	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Emory Leatherman Annie Heerd	Lasi
hin nine pag hau		WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dottes of service, NO 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 17. INFORMANT ADDRESS Mrs. Anna M. Leatherman Braddo	ck Hgts. Md.
be executed wit "pending" in pe nief Medical Exo ansit permit. File event within 72		38. CAUSE OF DEATH (Enter only one cause per time for (o), (b), and (c).) PART I DEATH WAS CAUSED BY	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
executed nding in Medical I permit.		MMEDIATE CAUSE (a) Carcinoma of lung Out To, OR AS A CONSEQUENCE OF	Over 6 mos.
be e "per nief A nnsît		Canditions, if any, which gave	
shauld be e ne ward "per a the Chief! burial-transit		rise to Immediate couse (a). stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF Ost. (c)	
ond and	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
is certific te, writin farward farward removal,	CATIO	196 DATE OF OPERATION 196. COND.TION FOR WHICH OPERATION — WAS PERCORMED?	20 AUTOPSY?
This ficate, be for d be a	CERTIFICATION	Sept 1968 Ling Olopsy for carcinoma 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	YES NO &
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XAM ute th your your Page	42:	21d INJURY OCCURRED WHILE AT WORK AT	County State
JICAL E Jean E J		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry 🔀	, ,
please e l director retained l DIRECTO		death resulted from. Natyral causes , Acadent , Suicide , Hamicide , Undetermined manner (
ITY please eral direct be retaine RAL DIRECT AT DIRECT A		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE S	IGNED
ro DEPUTY necessary, p the funeral 5 may be re 10 FUNERAL Health prior		EXAMINER'S John Kehde, M.D., Riverdale DEPLTY MEDICAL EXAMINER & 5-16 ADDRESS(Street, cty, town, or county) Cheverly	
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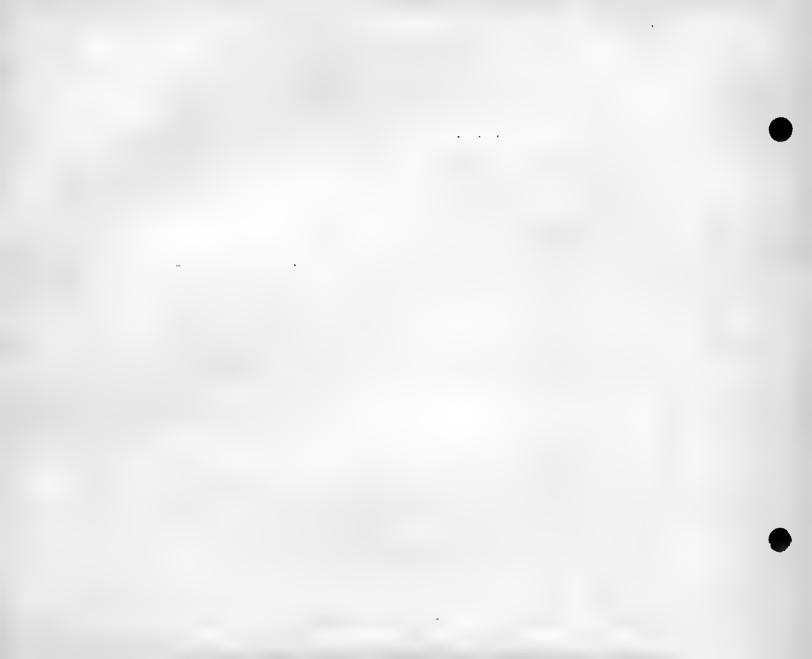




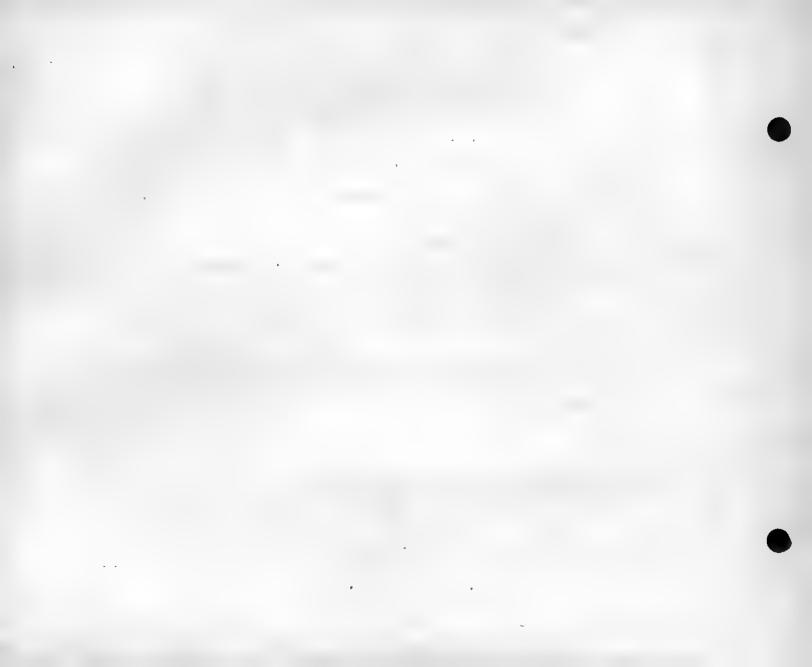
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MAKTLAND STATE DEPARTMENT OF HEALTH



2 . 1	Ttems 18 2 2a Film 414 MARYLAND STATE DEPARTMENT OF HEALTH 7-3-69 ams Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	17371 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7365
HEALTH-DEPT.	1 DECEASED NAME First Middle Last 20 DATE KNOWN Month	Day Year 25 HOUR
N 0 0 0	(Type or Print) Vincent Paul Mandley DEATH MATERIX 5-2-6	
de d	2 CEV A PACE C DATE OF PIDTU 16 AGE III WORK 1 YEAR IF UNDER 24 HRS 20 DATE DECOMPLIANCED DEAD	2d HOUR
a g g	Male White \$36-1905 63 yrs.	69 ear 19 6:06am M
n 2,2 m	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED 9 COUNTY OF DEATH	
farm farm te D	Washington D. C. U.S.A. WIDOWED DIVORCED N Prince George's 10 City Or TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done	Md
Ath farm	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
S offer death 18. Give Peges 1. 7 2 with the State Dep	Cheverly give street oddress) Prince George Hospital Painter 130 USUAL RESIDENCE (Where deceosed lived, if not tution Residence before 13c. CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER	Self
Softer 18. GIV	odmission) Table 13b. COUNTY Harry Land Prince George's Co. Hillside s YES NO 830 53rd. Ave.	2110
hours Office 1 and 2	14 FATHER'S NAME First Middle ast Is MOTHER'S MAIDEN NAME First Middle	Lost
24 hours in Item I r's Office es Land2 rrs ofter	A	Dean
htn 24 ncil in I niner's poges I hours	16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
within pencil camine ile pogi	(Yes, no, or unknown) (if yes give wer or dates of survice) 578 26 3340 Vincent R. Mandley Same as #	13
- E	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e executed pending" H ef Medical isit permit.	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Asphyxia	
exe endi Me it pe ent	DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) Astrination of gastric contents	
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ote sho g the v ed to th s a buri ond in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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This certificate should ficate, writing the word be forwarded to the Ch de used os a burial-tra or removol, and in any	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 21d EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of Injury in Port 1 or Part 2, of	20 AUTOPSY?
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	watermor_water factory, office building, etc.	County State
DEPUTY DICAL EXAMINER: cessory, please execute the certine funeral directar. Page 4 should may be refouned for your files. FUNERAL DIRECTOR: Page 3 should prior to buriol, cremation.	AT WORK LJ AT WORK LJ	3
CAL execut. Pour Pour Pour For For For For For For For For For Fo	22a. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry adeath resulted from Notical causes X, Accident , Suicide , Hamicide , Undetermined manner	- 1
olease ex director. efa.ned i		
please please I direct refa.ne or to b	ACTUAL CHIEF MEDICAL EXAMINER (HIEF MEDICAL EXAMINER 22b. DATE	SIGNED
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O DEPUTY necessory, if the funeral 5 may be r 0 FUNERAL Health pro	NAME (Type) John Kehoe M.D. Riverdale, Md. ADDRESS(Street, city, town, or county)	
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	Burial (/ 5/\$/69 Cedar Hill Suitland	P.G. Md.
VR ALSME IS ON	24. FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 3	SIGNATURE 20 Gredge
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1	07372	DIVISION OF VITAL PECOPO	S, 301 W. PRESTON STREET, BALT	IKALIH
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ing planting	18 CAUSE OF DEATH (Ente	r anly one cause per line for (a), (b), and (APPROGRATE INTERVAL
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C PHYSIC The haspin This cert detached te Dept. of	21d INJURY OCCURRED While Nat while	21e. PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	FACTORY,) 21f LOCATION Speed of R.F.D. No.	City or Town County State
by the state of state	at work at work	(1)		9 5/3/ 19
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A STATE OF S	22b-SIONATURE	()	C ATTENDAGE > / III	22c DATE SIGNES A C.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Pogm 4 may be retained by thm haspiral or attending TO FUNERAL DIRECTOR: After this certificate has mean director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priority Tulianes and the state Dept. of Health priority and the state Dept. of Health priority and the state Dept.	REMOVAL (Specify)	BB DATE 23c NAME O	F CEMETERY OR CREMATORY	23d LOCAT ON (City of Town) (State) (State)
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_	1	MAKILAND STATE DEPARTMENT OF HEALTH	
		07373 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	07367
		CERTIFICATE OF DEATH	01001
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that the death certificate be executed on the attending physician and cample by the attending physician and cample ransit permit. Then please remove carematian, or remaval, and in any event	lóa.	Q WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 117 INFORMANY	ciall a
iffication of the second of th	Y	Yes no ar unknown) (If yes give warror dates al service) 579-05-9563 (hear to Hibbare)	SINIER Mich
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the law re attending has been se as the h priar ta	FFICAT	CAUSES OF DEATH?	ONDIDEKED IN CEKTILLING
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the det		at work at work	10
by by Star		22a. I certify that (I) (this hospital) attended the deceased from 19 / 2nd that in (my) (aux) apintan death accurred on the do	D), that (I) (we) last
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OR ATTENDIN be retained by JIRECTOR: After e 3 shauld be	Н	ATTENDING - THED - CTAEC	DATE SIGNED
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		omom?	IVISION OF VITAL RECORDS, 301 W. PRE	STON STREET, BALTIMO	ORE, MARYLAND 21201	
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outed v	0dn	"USUAL RESIDENCE (Where deceosed ISSION) STATE	hved if institut on Residence before 13c. CTY OR TO		13e STREET AND NUMBER	01
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3 / g = 1		Un	Lown, 7	MARRIERI	1. 11/00000	.)
ote icra eas	160	WAS DECEASED EVER IN U.S. ARME		ORMANT	Address	0001.
Applies that the deoth certificate be exemply siden. Signed by the attending physician and coursel, then please fether bur of tremoting, or removal, and in applications, or removal, and in applications.		85,70 or unknown) (1 yes give war	dores of service Unknown I	Man 1.	Marlin - L	al late my
d d d		IB. CAUSE OF DEATH (Enter only	ne cause per line for (a), (b) and (c).)	1	.1	APPROX MATE NEWVAL BETWEEN ONSET AND DEATH
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	8					
The low ottendin hos bee as the prior the prio	3	196. DATE OF OPERATION 196. CO	DIT. ON FOR WHICH OPERATION WAS PERFORMED	20o AUTOPSY?	20b IF YES, WERE FINDINGS CONS	DERED IN CERTIFYING
A hos of the hos hos as a se as	CERTIFICATION			YES NO	CAUSES OF DEATH?	
YSICIAN: The lospitol or of certificate ho ched for use pt of llealth		210. ACCIDENT WAS UNDERLYING	21b TIME OF INJURY 21c. HOW	INJURY OCCURRED (Enter not	ure of injury in Part 1 or Port 2 Item	n 1B.)
Tiffice of the second of the s	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year P.M. 19			
ATTENDING PHYSICIAN: storned by the hospitol or CTOR: After this certificate should be detached for u ith the State Dept of Hea	星		CE OF INJURY / AT HOME FARM, STREET, FACTORY, \ 216 LOCA	TION Street or R.F.D. No.	City or Town	County Stote
the here		21d. INJURY OCCURRED 21e Pt While Not while at work	OFFICE BUILDING ETC	1	. 1	,
ADING d by the After d be d		220. I certify that (I) (this	aspital) attended the deceased from	2/18/19/2	to 5 /200 1960	7. that/(1) (we) last
OR ATTENDING DE retoined by DIRECTOR: Affer le 3 should be ed with thm Stot	L	saw the deceased obv	on 5/2-0 19 5 and t	hat in (my) (our) apinior	deoth accurred an the date	and hour and from the
See Land		couses stated obove,	(we) (did) (did nat), view the body after dec	ath.		
EG PER		22b. SIGNATURE	1 3 1 -	ATTENDING A MED	22r DAT	E SIGNED
OR be r			ed Caperdette	PHYS MED DIRECT	OR PHYS	
A V O V O V O V O V O V O V O V O V O V	Li	22d. PHYSICIAN'S		22e ADDRESS	2	(-22
SPIT FRV d b,		NAME (Type)	Efter K. Lil	MAND	12/1/10/10/2011	372
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retouned by the hospital or of O FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use should be filed with the Stote Dept of Health	23o	BUR AD CREMATION 236 DA	23c NAME OF CEMETERY OR CRE	EMATORY 123	OCAT ON (City or Town) / ((ounty) / (State)
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VR A15 (4) 45M - 1/69	1	WA P	1 Thomas I - to Co	DAMAY 2	2 1969 256 REGISTRARS SIG	y sudge
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1.7	1	MARYLAND STATE DEPARTMENT OF HEALTH	
-/-		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0736:	9
	deoth.	1. DECEASED NAME First Middle Lost 2a DATE OF DEATH (Type ar pnnt) Martha H. May Manth 22 Day 1969 on	26. HOUR
	F CE C	3. SEX Female 4 RACE S. DATE OF BIRTH 25 July 1883 6 AGE (In years lightheav) Addition to the property of th	AR IF JNDER 24 HRS AYS HOURS MIN.
	hours in by the Page 72 hours	70 BIRTHPLACE (State or foreign Ohio 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Prince Geom	rge s
	within 24 I	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KiNE	OF BUSINESS OR A Home
	ertificate be executed within physician and completely from please remove corban oval, and in any event, with	13d USUAL RES.DENCE (Where deceased wyed, if institution Residence before admission) STATE Maryland 3b COUNTY Pr. Geo. Hyattsvilleves I No 35Ur. Longfellow S	
	ate be exe	14. FATHER'S NAME First Middle tust 15 MOTHER'S MA DEN NAME First Middle Beneck	Lost
	hysicion n pleas	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address	gh ter
	ending mit. The or rem	1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	ROXIMATE INTERVAL EN GINSET AND DEATH
01	physician. signed by the oth burial-transit perior, cremation,	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF	
18	requires g physicio n signed le burial-tr	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	,
0	The law ottendin hos been se as the prior t	GENERALIZED ARTERIO SCLEROSIC & OLD CEREBRO-VASCUZAR ACCIA FINITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?	N CERTIFYING
)	pital or trifficate d far u of Healt	YES NO COURSED THE DESCRIPTION OF THE PART OF INJURY 21d. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.) 21d. INJURY OCCURRED 21b TIME OF INJURY 21d. HOUR A.M. Manth Day Year 19 21d. INJURY OCCURRED 21b TIME OF INJURY AT HOME, FARM, STREEF, FACTORY.) 21d. ACCIDENT WAS UNDERLYING 21d. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.)	
	the hosp this certain detoche e Dept.	While Nat while	State
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cree	22a. I certify that (i) (this haspital) attended the deceased from 1952, ta_Was 22, 1969, the saw the deceased alive an 1962, and that in (my) (aur) apinian death accurred an the date and has causes stated above, (i) (aus) (did) (did past) view the bady after death.	nat (I) (we) last ur and fram the
	OR AT	226 SIGNATURE 226 SIGNATURE DEGREE PHYS DEGREE PHYS DIRECTOR D STAFF PHYS. D V -> 2 -	
	4 moy NERAL tar, poor tar,	22d. PHYSICIAN'S NAME (Type) PONALD S. FLEISCHERMD. 2411 PIGGS ROT HYATTSVILLE,	mol.
	Poge To Full direct Should be should	23g. BUR.AL CREMATION 23b. DATE 5/24/69 23c NAME OF CEMETERY OR CREMATORY Colmar Manor Pr. G	
	twb VR	24 FUNERAL DIRECTOR ADDRESS Francis Gasch's Sons ADDRESS Hyattsville, Md. ADDRESS DMAY 2 3 1969 256, REGISTRAR S SIGNATURE	dal.

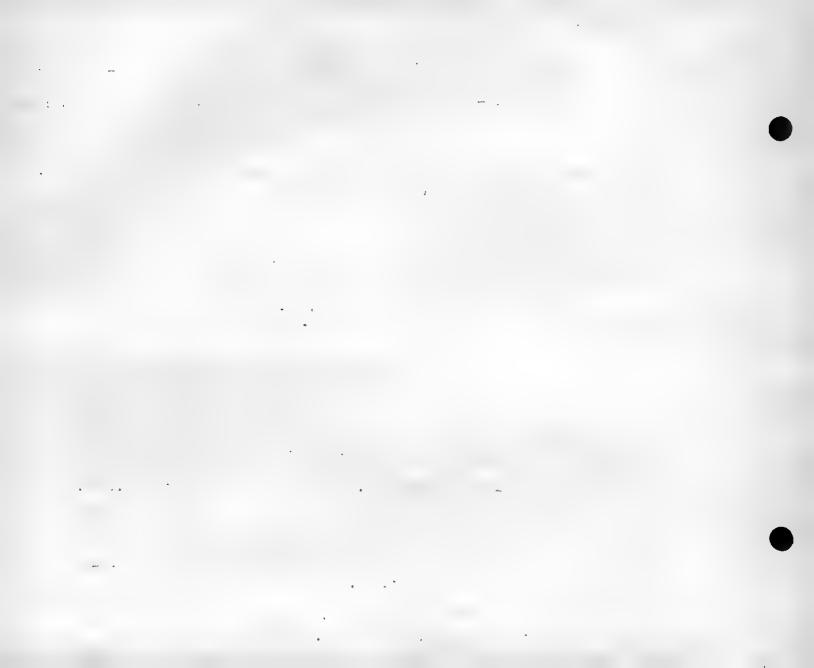
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-		07376 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7370
HEALTH DEPT.	1,	DECEASED NAME First Middle as Jost Co. 20 DATE KNOWN Month D	day Yeor 25 HOUR
of of			30 19 69 9 3 M
Page Page	3.	SEX 4. RACE 5 DATE OF BIRTH 6 AGE IN years OF JNDER YEAR IF UNDER 24 HRS 20 DATE PRONOLIMITED DEAD	124 HQ10
2, and 3 to PM3 Page		M W 2 Aug., 1952 The yes Mouths DAYS HOLES MIN Month 5 Day 30	Year 69 9:49 M
22.0	70	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9 COUNTY OF DEATH	
es l forr fe D	103	No. Car. U.S.A. WIDOWED DIVORCED Prince George	Md.
this 24 hours ofter death ony deloy hall in Item 18. Give Poges 1, 2, and 3 miners Office along with form PM3 Papages I and 2 with the State Department hours ofter death	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital) 12g USUAL OCCUPATION (Kind of work done 12	B KIND OF BUSINESS OR DUSTRY
g w		Cheverly Frince George Mosp Student	DOSIKI
s offer 18. Gir along 2 with	130	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 3d MS-DE CITY LIMITS? 13e STREET AND NUMBER 10dmiss.on) STATE District Shr (OHNS) Lumbia Washington 1800 No 6400 E. St.,	M TO
urs n 18 d2 v			
hours Office Office offer	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Joseph McPherson Elva Johnson	Lost
hing 24 miners in miners pages hours	160		
w than 24 hours pencil in liem cominers Office le pages lond 2 72 hours offer	100	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or doles of service) 577-74-0711 Mrs. Elva McPherson; Same as #	713 phore
be executed within 24 hours after death "pending" in pencil in litem 18. Give Page hief Medical Examiners Office along with ansit permit. File pages lond 2 with the Statevent within 72 hours ofter death	-		APPROXIMATE NTERVAL
ithii		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY Laceration of brain	BETWEEN ONSET AND DEATH
xec ndin Med Med th w		MMED.ATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	
pen pen jef Mief Mief Mief M		Conditions, if any, which cave a Trailing auto Accident	Minutes
O Page # A		rise to immediate cause (a), (b)	
should be executed to word "pending" in the Chief Medical buriol-transit permit.		last.	
INER: This certificate should be executed with the certificate, writing the word "pending" in poshould be forworded to the Chief Medical Exglines 3 should be used as a buriot-transit permit. File notion, or removal and in any event within 72 to the contraction of the contraction		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
verificate writing the rworded to see as a loaval and	2		
wri rwo rwo rsed	CATLO	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This certificate, writing the forwor be used in removal	CERTIFICATION		YES NO 🙀
KAMINER: This certificates the certificate, writing the 4 should be forword four files age 3 should be used as cremotion, or removal	100	210 EXTERNAL CAUSE WAS PRIMARY TO TIME OF INJURY Month, Doy, Year POT 21. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item Primary Teach Primary Teac	18)
INER: T e certific should b files 3 should notion, or	MEDICAL	PRIMARY SECONTRIBUTING HOURAM 8:30 am 5 30 69 84th and Sheriff Rd. P. Co	
the service of the se	₹	21d .NJURY OCCURRED WHITE AT WORK AT WORK Street 21e PLACE OF INJURY (At home, form, street, form, street, at work Street) Sheriff Rd City or Town Sheriff Rd	County Stote
DEPUTY SICAL EXAMINER: secssory, please execute the cert is funeral director. Page 4 should may be retained for your files. I'UNERAL DIRECTOR: Page 3 should be prior to buriol, cremation.			P.G. Md.
		22a certify that I taak charge of the remains described above, held an Autopsy Inspection [X], Inquiry [X].	
se certo ined		death resulted fram. Natural causes, Accident Suicide , Hamicide , Undetermined manner	
director of the state of the st		ACTUAL CHIEF MEDICAL EXAMINER C	
MY CY. I be I be I by pm		SIGNATURE	
b DEPUTY JICA necessory, please extra funeral director for may be retained in IUNERAL DIRECTOR Health prior to bur		EXAMINER'S John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER 5 ADDRESS(Street, city, town, or county)	-09
TO DEPUTY necessory, please the funeral directors may be retained TO IUNERAL DIRECTOR Health prior to be	236		aunty) (State)
		REMOVAL (Specify)	
	29	FLUTER ADDRESS 250 REGISTRAR 250 REGISTRAR S SIG	
VR A15ME (5)	1		in Quedal
(4)	home		M. M. Marian



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07371 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. 1 DECEASED NAME First 2a DATE KNOWN Month Day 26 HOUR (Type or Print) OF ESTI DEATH MATED \$ 5-1-69 2, and 3 ta PM3. Page Charles grid 2 with the State Department of Melvin Meador III 1912: 30arm IF LINDER 1 YEAR F JHDER 24 HRS 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years 2c DATE PRONOUNCED DEAD 2d HOUR iast birthday) White Male 11-12-1951 1912: LlamM YRS. 7o B RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH alang with farm owwalshington D C USA WIDOWED [DIVORCED [7] Prince George's 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital be executed within 24 haurs after death 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) Give street oddress)
Prince George Hospital INDUSTRY Cheverly Painting co Painting 13d INSIDE CITY LANTS? 30 USUAL RESIDENCE (Where deceased lived, if institution, Residence hefore 13c CITY OR TOWN 13e STREET AND NUMBER Prince George's Hvattsville YES NO 7007 Farragut Street e certificate, writing the ward "pending" in pencd in Item 1. should be farwarded to the Chief Medical Examyrer's Office 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Charles M Meador jr Margaret J Powers pencel-in | 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 212 54 6766 Charles M Meador Jr ' Hyattsville Md. no as a burial-transit permit. File APPROXIMATE INTERVAL IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Laceration of brain DUE TO, OR AS A CONSEQUENCE OF Skull fracture Conditions, if ony, which gove) Trauma - auto accident rise to immediate couse (o), This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 burial, crematian, ar remaval, 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES [files 3 should be t NO 🔀 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: Driver of car involved in collision
21: LOCATION Street or R F.D. Ho
Caunty 12:29 tm 5-1- 1969 CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21d INJURY OCCURRED State may be retained for your FUNERAL DIRECTOR: Page AT WORK AT WORK 7400 block Annapolis Rd. Glen Ridge, Prince George Co., Ed. 22a I certify that I taok charge of the remains described above, held an Autapsy ... Inspection 🔀, Inquiry 🗍, and in my apinion the funeral director. death resulted from A Natural Touses . Accident X Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 🔀 TO FUNER Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city town or county) John Riverdale, Md. Kehoe MD 230 BJRIAL CREMATION, REMOVAL (Specify) Burial 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23b DATE (County) (State) Colmar Manor Pro Geo Md. 3. 1969 Ft Lincoln Cemetery May llyattsville, Md. 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE Gasch's Sons VR A 15ME (\$) 1969 Marke O.

MAKTLAND STATE DEPAKTMENT OF HEALTH



M	1			D STATE DEPARTMEN		AND GLOOD	
	+	07378	DIVISION OF VITAL RECORDS,				
		01910		CERTIFICATE OF DI	EATH	07372	2
1 2 82	1. 0	ECEASED-NAME _ First	Middle	Lost	2o. DATE OF DEA		2b. HOUR
death death and 2		Type or print) - FORE	F HAMILT	ON MILL	50 5	Month O Doy Year	1 Marie 11
						69	J Pi
after fu	3. 9	A	4. RACE	S. DATE OF BIRTH		AGE (In years if under fear ast birthday) MONTHS DAYS	HOURS MIN
rs after		MALE	WHITE	AUG.	4-1925	47 YRS.	NOOKS HOLE
24 haurs ed in-by-	7o	BIRTHPLACE (State or foreign	b CITIZEN OF WHAT COUNTRY?	8. MARRIED ANEVER MARRIED	9 COUNTY OF DE	ATH	
7 2 2 E	COL	MARY/ANA	450	WIDOWED DIVORCED		VAE GEER	7/5 111
in 24 illed page	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN		120 USUAL OCCUPATION (Kil	1	BUSINESS OR
	10.	Chever11	give street address)	ges Hospital	during most of working life	even if refired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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e de les	130	USUAL RESIDENCE (Where deceose	lived, if institution Residence before	[m		AND NUMBER	
	/	assistif state prop	13b COUNTY P. GEO	CLINTON YE	SP NO 610	& WOODLAN	O LA
and cam remove	14.	FATHER S NAME First	Middle Eost	IS MOTHER'S MAIDE	N NAME First	Middle	Lost
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are by ician (16	, WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECURITY		7.7.0	Address	
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ne death certifi attending phy permit. Then ian, ar remaval	\vdash	159 1743	-MAK-MYX.	110 7/10/1	61 1916	ES (ITEM	(7)
8 <u>5 E</u>		18. CAUSE OF DEATH (Enter only	one couse per line for, (o) (b), and (c)	h	a .		GMATE INTERVAL ONSET AND DEATH
e ig ii ji		PART I. DEATH WAS CAUSED	BY: E CAUSE (o)	19100119	e IN	410110N.	1/1/1
e dear attenc permit ian, ar		inuncola)	DUE TO OR AS A CONSCOUENCE OF	1000SIVE			
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res /sici		lost)	(c) ////www.f	FILL A O C			
phy phy our		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N		SEASE OR CONDITION GIVEN IN	PART 1(0)	
2/ _ 0 0	[₌	OVERL	son 4. Ov.	ET USE	OF CON	MR AS SE	DATIVE
e law tendin is bee as th prior t	CERTIFICATION	190. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20o. AUTOPSY	? 20b. IF YES	, WERE FINDINGS CONSIDERED IN	CERTIFYING
The latter has be as a control of the latter has been as a control of the latter has been as a control of the latter has a c				YES	NO 124 CAUSES OF	DEATH?	
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YSICIAN: aspital ar certificate the far us of Heall		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year	ZIC. HOW INJURY OCCUR	KED (Eiller notore of injury ii	ii ron i oi ron 2, nein ia.)	
PHYSICIAN e haspital e nis certifical itached far	DICAL	fif either, notify medical examina	r) P.M. 1	3			
has been a second	15	21d. INJURY OCCURRED 21e. F	LACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	TTORY) 21f LOCATION Street or	R.F.D. No. City or	Town County	State
S PHYSICIAN: the haspital ar this certificate detached for u e Dept. af Hea		at work of work					
by the fiter of State		220 certify that (1) Ythis	hospital) attended the deceose we en (1) (we) (did) (did nat) view the	ed from	19 Got to 2) EA 0 48 tha	t (I) (we) last
5 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		sow the deceased ali	ve-en 1297 2	969, and that in (my)	our) opinion death occi	urred on the date and hour	ond from the
OR ATTENIOR DIRECTOR: 4 ge 3 should led with the	1	causes stated above	(i) (we) (did) (did nat) view the	bady after death.	y , '		
ATTEL etaine CTOR: should lith the	1	22b-StGNA) URE	1 1	. 6		22c. DATE SIGNED	/
d 438 8 4 1	1	Laurell	i. Meran	DEGREE PHYS.	DIRECTOR D	TAFF D 5 MM	14 69
The second of th		22d PHYSICIANS		220 ADDRESS			00705
RAI P P P P P P P P P P P P P P P P P P P		NAME (Type) Rober	t W. Merkle, M.D.	22e-A99455	Woodyard Roa	d, Clinton, Md.	20735
Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be calculd be filed with the State					Last tagentin		(6
HC Be	230	BURIAL CREMATION, 23b D.		CEMETERY OR CREMATORY	23d. LOCATION ((Stote)
5 5 5 p	L			gton National		ton, Virginia	
VR A15 (4)	24.	FUNERAL DIRECTOR Robert	E. Wilhela Function	1 Home 25	o REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE	
30M REV. 1/68	4	30 Suitland Rd.	,S.E., Suitland,	1d. 20023	MAY 8 1969	Villa	
		*****					7



- 1 7/1	MARYLAND STATE DEPARTMENT OF HEALTH 07379 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH O	7373
HEALTH DEPT.	1. DECEASED NAME First Middle Last 20 DATE KNOWN Manth OF ESTI- (Type or Print) LESTER W MOLER DEATH MATED MAY	Day Year 2b HOUR
deloy ment	3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD legt bightbuy) MONTHS DAYS HOURS MIN Month Day	Year 1969 856 N
Pages 1, 2, with form P	70. BIRTHPLACE (Stote or foreign country) S. Dakota 25 Apr 1923 46 YRS MAY 8' 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Prince George's	19 O9 1050 N
8. Give Pages along with for with the State	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working a fee even if religied) Suiting Md 120 USUAL OCCUPATION (Kind of work done during most of working a fee even if religied) Retired USN Chief	126 KIND OF BUSINESS OR INDUSTRY Admin Asst
24 hours ofter death in Item 18. Give Pag rs Office-along with ss 10 hd 2 with the Sta	130 USUAL RES DENCE (Where deceosed lived, if institut on Residence before odmission) STATMaryland 13b COUNTY Suitland YES NO 13d MSIDE CTY LANDS	ourt
24 hour in Item 's Offic is Load	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle EDWARD MOLER HAZEL	DEAN
within 24 pencil in caminer s caminer s le pages 72 hours	16d WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 4 4 4 4 4 4 4 4 4	13e
be executed within "pending" in pencil nief Medical Examine nsit permit. File pag event within 72 hou	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMIDIATE CAUSE (a) As iration of gastric contents	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH Min.
INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in pencil in Item 18. Give Pagi should be forwarded to the Chief Medical Examiner's Office-along with files. 3 should be used as a buriol-transit permit. File pages lond Zwith the Station, or removal, and in any event within 72 hours offet death	Q / / X Conditions, if ony, which gove as to immediate cause (a). (b)	
should le word o the Ch buriol-tro in ony	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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ICAL ES execution. Page ed for) CTOR: P burial,	220. I certify that I took charge of the remains described above, held on Autopsy (27), Inspection (17), Inquiry (27) death resulted from. Natural causes (17), Accident (27), Suicide (17), Homicide (17), Undetermined manner	
TY DICE y, please rol disecto e retained tAL DIREC	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATE:	SIGNED
TO DEPUTY DICAL EXAM necessory, please execute the the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR; Page Health prior to burial, crem	EXAMINER'S John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER \(\sigma\) 5-8- NAME (Type) ADDRESS(Street, city, town, or county)	-69.
To F	Barrage / 5-12-1969 Olive Branch Cemetery Portsmouth	(County) (State) Vorfolk Va.
VR A15ME (5)	24 FUNERAL DIRECTOR HOBERT E. Wilhelm Funer Bras Home 250 RECD BY REGISTRAR 256 REGISTRAR 3 1969 A 200 DATE MAY 1 4 1969 A 200	

. D.,

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
FOR STATE	07380 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	374				
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Do	y Yeor 2b HOUR				
af ae	(Type or Print) Florence Elizabeth Morgan Florence Elizabeth Morgan	9 1912:02pm				
And 3 to PM3. Page partment of	3 SEX 4. RACE S DATE OF BIRTH 6. AGE (in yours if UNDER I YEAR A FUNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUR				
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ny detay is 2, and 3 to PM3. Page	70 BIRTHPLACE (Stote or foreign 76 GT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	19 17 141 45 MI				
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vertificate should be executed within 24 hours after death writing the ward "pending" in pencial ten 18 Give Page rworded to the Chief Medical Examiner's Office along with issed as a burial-transit permit File pages Jond 2 with the Statinaval, and in any event within 72 hours after death	give street address) during most of working life even if retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	USTRY				
Sive ng ng	Cheverlt Prince George Hospital Rousewife 130. USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d IMSDE CITY UNITS? 13e STREET AND NUMBER					
s after 18 Gin alang 2 with death	admicrop) CTATE 126 COUNTY	21				
hin 24 haurs not in tem 11 riner's Office pages Jand 2 haurs after d	Tarviand Frince George's Forestville YES NO 7818 Marlboro P:					
Marken Officer offer offer		Lost				
not in 24 more is pages haurs	Clarence Zeigler Mary 160 WAS DECEASED EVER IN U. S. ARMED FORCES? 160. SOCIAL SECURITY NO 17 INFORMANT ADDRESS	Shane				
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Exar Exar File	(185, 10, 01 dikilowii) (if yes give wor of odres di service) Charles E. Morgan 7818 Marlboro					
al E	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY.	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH				
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exe end if Me	DUE TO, OR AS A CONSEQUENCE OF Carcinoma of uterus	over 2 yrs				
hie hie ev	Conditions, if ony, which gave is to immediate couse (a).					
ony	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF					
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o DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be refained for your 5 FUNERAL DIRECTOR: Page Health, prior to burial, crem	EXAMINER'S NAME (Type) John Kehoe M.D. Riverdale, Md. ADDRESS(Street, city, town, or county)					
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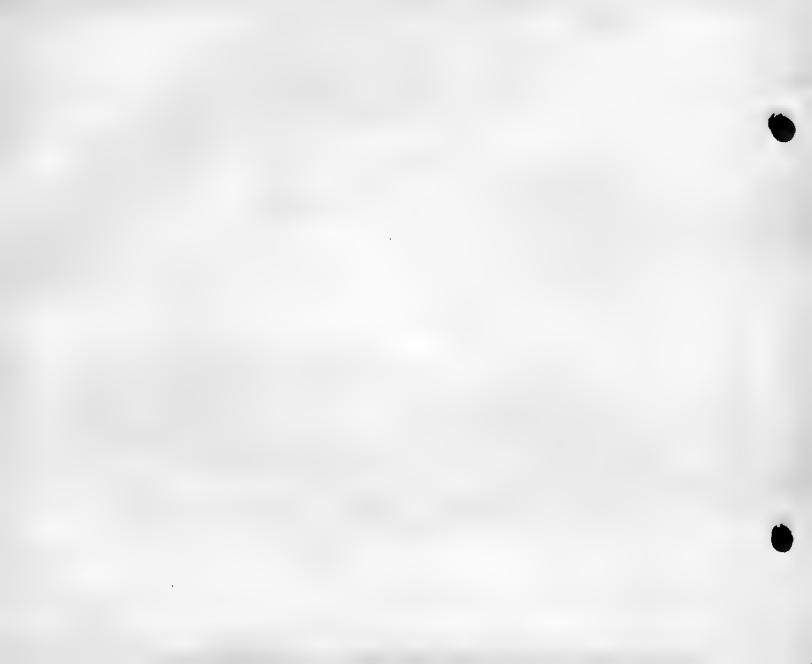
MAKTLAND STATE DEPAKTMENT OF MEALTH



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		07381	DIVISION OF VITAL RECORDS,	CERTIFICATE OF		, MAKYLAND 21201	07375
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= =====================================		DECEASED NAME First (Type or print)	Middle	lost	2a. U	OATE OF DEATH Month D	Day Year 2b. HOUR
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ill //	// 0	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN give street oddress) Frince Georg	ges Gen. Hos	during mest of w	PAT ON (Kind of work done orking life, even if retired 1001	126 KIND OF BUSINESS OR INDUSTRY Construction
event,	130 ad	s. USUAL RESIDENCE (Where decea mission) STATE MD	sed lived, if institution: Residence before 13b (QUNTY Prince George s	13c CITY OR TOWN	YES NO T	13e. STREET AND NUMBER 5500 Shadvs	
<u>`</u>	14	FATHER'S NAME First	Middle Last		MAIDEN NAME First	Middle	last
i.		Joseph H. Mort	imer	Jane	Alice Herb	ert	
,	16	WAS DECEASED EVER IN U.S. AR		NO 17 INFORMANTA	ary Pierce,	Step Dations	er and, Md., 20023
ADu	F	ID CAUSE OF DEATH (Cotor or	ly one cause per fine far (a), (b) and (c)		ACCOUNTED THE	Cirao, Daz ozo	APPROXIMATE INTERVAL
Te.		PART I DEATH WAS CAUSE	D RY-				BETWEEN ONSET AND GEATH
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		rise ta immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF				
		stating the underlying couse last.	(E)				
5		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	IAL DISEASE OR CONDITIO	IN GIVEN IN PART I(a)	
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1	/ <u> ja</u> j			YES Z	NO 🗆	CAUSES OF DEATH?	
	J.E.				CCURRED (Enter nature	of injusy in Part 1 or Part	2 Item 18.)
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	CSM	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET FA		reet at R.F.D. No.	City or Town	County State
		at work of work					
		220. I certify that (XXt)	is hospital) attended the deceas live on May 15	ed from May 7	, 1969	to_May_15	19_69 , that (we) last
		sow the deceased of	live on May 15 (I) (we) (did) (did not) view the	1969, and that in (i	my) (our) opinion d	eoth occurred on the	dote and hour and from the
		226 SIGNATURE	37 (1) (we) (aid) (nin tidi) view life	body affer death.		22	2c DATE SIGNED
	П	226 SIONAIGHE	at Bentily.	DEGREE PHYS	OING MED DIRECTOR	STAFF X	IL DATE SIGNED
		22d. PHYSIC ANS	· Goodon /	22e. Al		<u> </u>	
1	/	MARKE (Tropo)	s Bentolia, M.D.			e's Gen. Hos	pital
	23			CEMETERY OR CREMATORY		LOCATION (City or Town)	(County) (Stote)
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C	24		elm Funeral Horadoress Road S.E. Suitla			TRAR 25b. REGISTRAI	wland, 20023 RS SIGNATURE
168		Z308 Suitland	Road. S.E. Suitla	nd. Md., 2002	2Bnahlav 1 a	1000 1Che	reton Jacobs P.

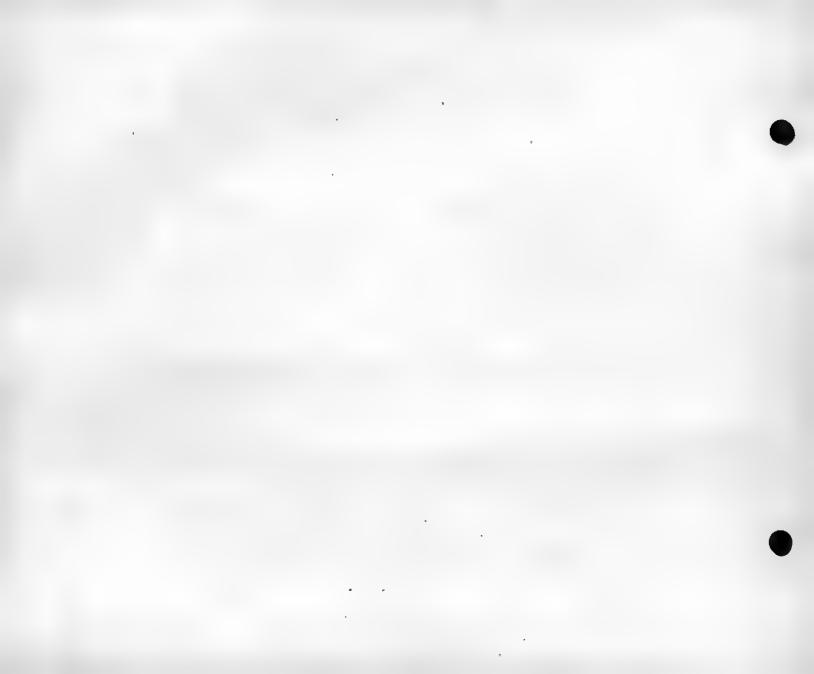


	_	1	MAKTLAND STATE DEPARTMENT OF HEALTH
112	_	н	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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	physician and nen please reminoral, and an an in an		mary Cur 213 h gitt 18
	quires that the death certificate be executed within 24 haurs after death, physician. signed by the attending physician and campletely filled in by the fearal signed by the attending physician and campletely filled in by the fearal burial-transit permit. Then please remave carban papers. Pages I and 2 burial, crematian, ar removal, and in any event, within 72 hours after earth.		18. CAUSE OF DEATH (Enter only one cause per lipe or (a), (b), and (c))
	fi di		PART I DEATH WAS CAUSED BY:
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	e e e		DUE TO, OR AS DOCONSEQUENCE OF
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7% -	다 다 아이트 I		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
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F	IAN: The old or officate ha far use Health r	CERTIF	15 40
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	5 <u>2</u> 424	2	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M.
	G PHYSICA the haspit This certif detached ie Dept. af	MET	21d INLIRY OCCURRED 21e PLACE OF INTURY (AT HOME, FARM STREET FACTORY, 1 23E 10CATION Street of P.F.D. NO. (It's or Town.)
	Per pris		While Not while at work
9	5 ± ± ₽ ± =	L	
	by the by the Affer III		22a. I certify that (1) (this haspital) attended the deceased from 10-24, 1967, to 3-14, 1969, that (1) (we) last
٠. ا	P P P P	1	saw the deceased alive an
	retained ECTOR: A 3 shauld with the		
	3.3.5 EE = 1		22b S GNATURE ATTENDING MED STAFF 22c DATE SIGNED
-			DEGREE PMYS W DIRECTOR W PHYS W . 5 - 1769
	At Pac	١	22d PHYS CIANS NAME (Type) 1 20 22e. ADDRESS
į	4 H H H		NAME (Type) Le C. Cevitsky 3408 R. J. a. a. a. My Maenie J. My
3	Foge 4 may be retained by the haspital at attending to Funeral DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. at Health prior to	23a	BURIAL COMMINGE 236 DATE 236 MANE OF COMPTERY OF COMMINGEY (120 TOTAL) (STATE)
	2 0 ig 4	10	REMOVAL (Specific S-19-1969 DAG TE VALUE OF THE STATE OF THE SPECIFIC OF THE S
F	•	24	FUNERAL DIRECTOR APPRESS A DIRECTORY REGISTRAR SIGNATURE
	VR A15 (4) 45M - 1/69	1-7	Vallingly 131-11th St. J. & Wash D. Chay 19 1969 Charies Junge
	43WL - 1498	1	Kuchild 101, 1150 91-8 500 - 2 1000 1 1000



3	FOR STATE	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07377	
	HEALTH DEPT.				HOUR
		(Type or Print) OF ESTI-	-4-69 196:16	
	ny delay is 1, 2, and 3 to rm PM3. Page Department of	3 S	FX 4 RACE S DATE OF RIPTH 16 AGE (In years I I UNDER 1 YEAR I F UNDER 24 HRS 20 DATE DECAMOLINGED DEA		HOUR
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	5 c'a	7a.	BIRTHPLACE (Store or foreign 7b, CITIZEN OF WHAT COUNTRY? IS MARRIED SOINEVER MARRIED OF ORDINARY OF DEATH	07 110.20	2421 /11
	S E COM	(OUI	Washington D.C. USA WIDOWED DIVORCED Prince George!	G	Md
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	ofter death 8. Give Poges olong with for with the State leoth.		Cheverly Prince George Hospital during most of working life, even if retire LSUAL RESIDENCE (Where deceased ved, f institution Residence before 13c. CITY OR TOWN 3d INSTITUTION NUMBER 13e. STREET AND NUMBER	ed) INDUSTRY PG County	
	s ofter 18. Giv s olong with t deoth,	13a	LSUAL RESIDENCE (Where deceased ved, f institution Residence before 13c, CITY OR TOWN 3d INSTITUTION ISS. STREET AND NUMBER	, , , , , , , , , , , , , , , , , , , ,	
	2 w dec	0	dm 1900) MATE NO 13b. COUNTY George's Forestville YES NO 6001 Surry	Square Lane	
	24 hours in Item 1 rs Office ss land 2	14. 1	ATHERS NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last	
	2 2 2 2		George E. Oates Mary E. Tyrell		
	nir age v		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (Myes give war or dates of service) (or no.) (Myes give war or dates of service) (es, no.) (Myes give war or dates of service) (es, no.) (Myes give war or dates of service) (es, no.) (Myes give war or dates of service) (es, no.) (Myes give war or dates of service) (es, no.) (Myes give war or dates of service) (es, no.) (Myes give war or dates of service) (es, no.) (Myes give war or dates of service) (es, no.) (Myes give war or dates of service)	ivery	
	ecuted with ling in per edicol Exam ermit. File p within 72	┢	18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERV	vAL
	executed and and and and and and and and and an		PART I DEATH WAS CAUSED BY Gun shot wound of neck	BETWEEN ONSET AND D	JEATH
	pending" pending" ief Medico nsit permit		922 9 DUE TO, OR AS A CONSEQUENCE OF		_
	be exemple the pending the pen		Conditions, if any, which gove)		
	ould vord he Ch iol-tra		nse to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
	te should be e the word pen I to the Chief A o buriol-transit and in ony even		last. (c)		
ضرر	This certificate should ficote, writing the word be forwarded to the Cl db be used as a buriol-tr		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
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	certif orwar used mova	ATIC	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?	
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	cer cer roul roul les. sho tion	MEDICAL	cause of Death 6:15 pmm 5-4- 19 69 Shot by accidental discharge		
	KAMINER: te the certified 4 should four files. age 3 shou cremation,	₹	21d IN.LRY OCCURRED 21e. PLACE OF th/Jury (At home, form, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County	State
	please execute the cert director. Page 4 should retained for your files. DIRECTOR: Page 3 should to burial, cremation,		at work U at work but home same as 1,13		
	c executor. Poge ed for CTOR: Purial,		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection 🔀, Inquir		pinian
	ICA pleose ex I director. retoined for t DIRECTO		death resulted fram: Natural causes, Accident 🗵, Suicide, Homicide, Undetermined man	iner	
	dire dire		ACTUAL CHIEF MEDICAL EXAMINER C		
	y, pleose y, pleose direct of retaine RAL DIRECT OF PRIOR PR		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 1	DATE SIGNED	
	7 7 7 7		EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	5-5-69	
	necesso the fun 5 may 70 FUNE Health	230	Votal retide to little id.	(County) (State)	
	F F		REMOVAL Specific	. ,,	
		24	Burial 5/7/69 Epiphany Church Cemetery Forrestville FUNERAL DIMETOR Robert F. Wilhelm Funeral Home 250. RECD BY REGISTRAR 25b. REGISTRA 250. RECD BY REGISTRAR 25b. REGIS	CAR'S SIGNATURE	
	VR A15ME [5] 10M REV. 3768	13	08 Suitland Rd. S.E. Suitland, Md. 20023 MAY 8 1969 yeur	wer Judge	•
			NY ENGLYMMAN AND STREET	1 0	

MAKTLAND STATE DEPARTMENT OF HEALTH



1	П	07384		ID STATE DEPARTMENT OF , 301 W. PRESTON STREET, BA	THEODE MADVIAND GLOOT
	1	Iteml3 FilmG413		CERTIFICATE OF DEATH	
£ _ 2,£	Ji i	DECEASED NAME First	Middle	Lost	20 DATE OF DEATH 2b HOUR
death death		Type or print) Sarah	nmi	Oken	5 Month 31 Doy 6 Geor 10 3 M
	3. 5	EX	4 RACE	S. DATE OF BIRTH	6 AGE (In years If UNDER I YEAR IF UNDER 24 HRS.
24 hours offer do in by the fu	L	female	white	1/17/96	last bighday) YRS MONTHS DAYS HOURS M.H
The state of the s	70 (Ot	ntn/)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH
in 24 h	L	Russia	US	WIDOWED XX DIVORCED	Prince George's Md
ed within 24 sweetey filled is corpon paper	R	city or town of DEATH		emorial diffe	SUAL OCCUPATION (Kind of work dane INDUSTRY INDUSTRY
	13a 2 gan 101	USLAL RESIDENCE (Where deceose cost) / STATE D. C.	d lived, if institution Residence before	Washington 13d Max (1358811 ARTHMB1e St. Home/ NO Alther/Wood/And/Nursime
and can	-	FATHER'S NAME First	M.ddle Lost	15. MOTHER S MAIDEN NAMI	
be ey and and lin or		Mayer M	leyerowitz	not known	
inficate be hysicion o pleose rat, ond ir	160	WAS DECEASED EVER IN U.S. ARME		NO 17 INFORMANT	N 2400VA. AUSN.W. D.C.
PHYSICIAN: The law requires that the death certificate be executed to hospital or ottending physician. In this certificate has been signed by the attending physician and camprestatched for use as the buriol-transit permit. Then please remove co Dept of Health prior to buriol, cremation, ar removal, and in any event		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	r one couse per line for (a), (b) and (c) BY: IE CAUSE (a)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH COULD BE
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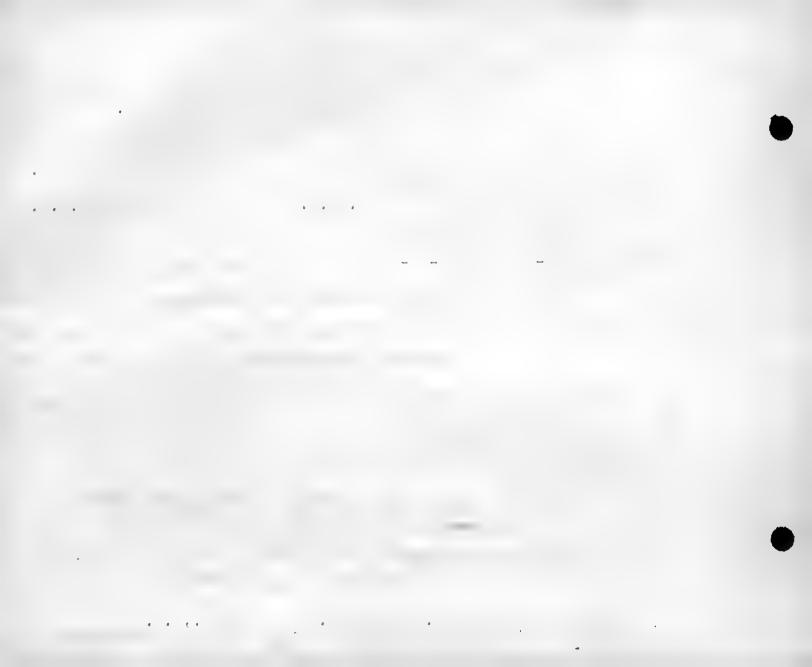
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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07380
	HERBERT CERTIFICATE OF DEATH
£ _ 2 £	1 DECEASED-NAME First Middle Last 20 DATE OF DEATH LOS MOUDE
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fer – fer	3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years Funder 12AR IF UNDER 24 HRS
Poges urs afte	1 A last birthday) Martins DAYS HOURS MAN
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icial	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 117 INFORMANT
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R ATTENI retained recTOR: A 3 should with the	saw the deceased alive an 196, and that in (pry) (aur) apinian death occurred on the date and haur and from the causes stated above, (1) (we) (did) (decease) view the body after death.
ATTEL etaine CTOR: shoul vith th	22b SIGNATURE 22c DATE SIGNAD
OR be r	Edural 9 baccases 24 D. DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS.
A L C	22d. PHYSICIAN S 22e. ADDRESS
SPII 4 m 4 ER ior,	NAME (Type) Edward J. PACIOUS M.D 9/5-19 ST. N.W. D.C.
TO HOSPITAL OR ATTENDIN Page 4 may be retained by TO FUNERAL DIRECTOR: Affeldirector, page 3 should be should be filed with the Star	230. BURIA_ (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stole)
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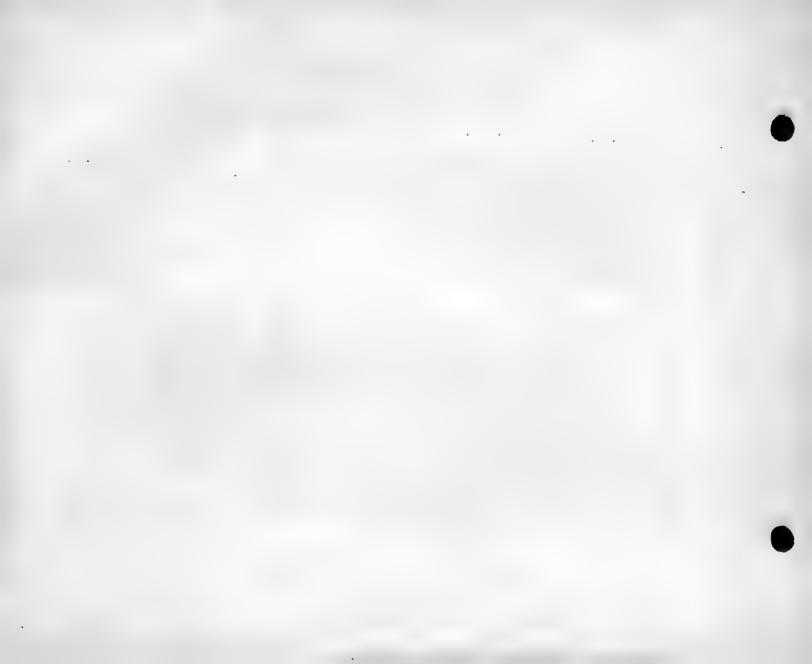
1 07389 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	07382
1. DECEASED NAME First Middle Lost 20 DATE OF DEATH (Type or pant) Katherine Perrier Menth 100y	26 HOUR Y69 1:45A M
Female White 5 DATE OF BIRTH 6 AGE (In years tost birthday) 72 YRS.	IF JNOER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
Austria IU.S.A. WiDOWED NEVER MARRIED Prince George IO CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even fret.red) Riverdale Riverdale Iso USUAL RESIDENCE (Where deceosed lived, if institution Residence before light odm ssion) STATE Md. PRINCE GEORGE Prince George during most of working life, even fret.red) Riverdale Iso USUAL RESIDENCE (Where deceosed lived, if institution Residence before light of most in hospital during most of working life, even fret.red) New Carroll 1 YES NO 8606 Frements	Md 12b KIND OF BUSINESS OR INDUSTRY CLO AV Plan max. Los1
Karol Horak unknown 160. WAS DECEASED EVER IN L.S. ARMED FORCES? Yes, no. or unknown) (If yes give wor or dotes of service) unknown Marquerite Roosen, 8606 Fremont	+ C+ +
RITY OR TOWN OF DEATH RIVEY CLASS OF DEATH (ENEW O	APPROX.MATE INTERVA. BETWEEN ONSET AND DEATH
210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. Month Doy Year 19 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 1 or Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury in Port 2, its 19 21d INJURY OCCURRED (Inter nature of injury	County Stote
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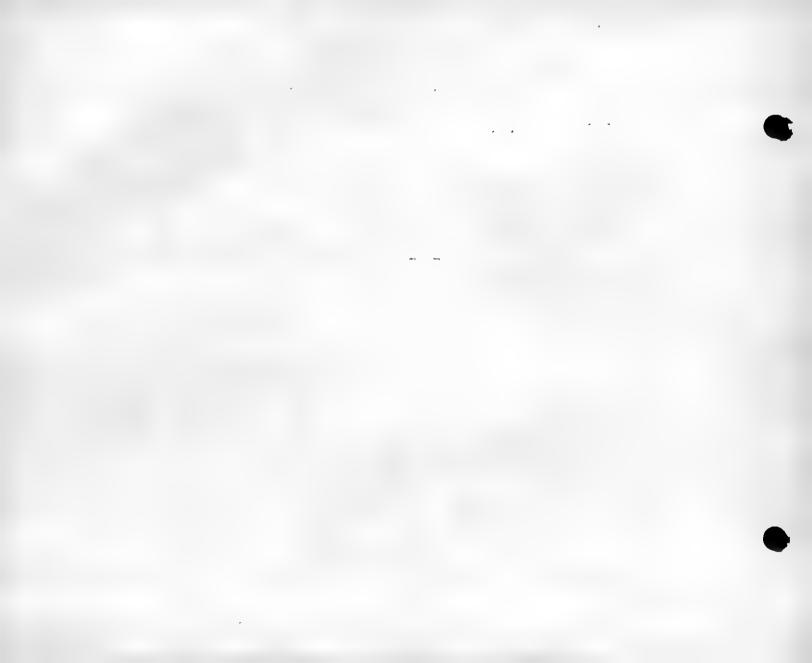
1		17390 DIVISIO	MARYLAND ST N OF VITAL RECORDS, 301 V	ATE DEPI	ARTMENT OF I N STREET, BALTI	HEALTH Ite MORE MARYLA	ms 18-21	2a Film -9-69 a	
FOR STATE	I.		6/MEDICAL EXAMI					07	7383
HEALTH DEPT.	1 D	ECEASED NAME Fire			Lost		20. DATE KNOWN	Manth Do	y Year 2b. HOUR
15 8 42 N	,	Type or Print) Joh	n R.		Perr	v Jr.	OF ESTI-	May 1	7 19693:00
\$ 5 4 TE	3. S			AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS		2c DATE PRONOUN		2d HOUR
A del		ale White		42 YRS			Month 5-	Doy 1.7	Year 19 697:45
2 - 2	7a caun	RTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?		RRIED NEVER MARI		ety of death		
ges die		Ohio ITY OR TOWN OF DEATH	U.S.A.			RCED TO THE ACC	Prin JPATION (Kind of	ce Geo	rge's Md
frer death Give Pag ong with ith the St	10. (Adelphi	give street oddress	nea Ga	nraale		Driver		
Give	130	USUAL RESIDENCE (Where deced	ised lived, if institution. Residence be	fore 13c CITY	OR TOWN 3d.		13e STREET AND N		idiscy
g = 2 = 3	٥	mission) STATE Md	1 13h COUNTY			YES # NO	9400 Ri	aas Rd	
haurs Office Office	14. F	ATHER'S NAME First		ost	TS MOTHER'S MAID			Middle	Lost
2 = 2 2		John R. Per	ry, Sr.		Ida Me	glone			
within 24 pencul in caminer's le pages 72 hours		WAS DECEASED EVER IN U.S. ARMED	wor or dates of service)		7. INFORMANT			RESS	
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e e er pen ef M		Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE	: UF					
ward ' ward ' the Chi rial-trar		rise to immediate cause (a), stating the underlying cause	(b) DUE TO, OR AS A CONSEQUENCE	E OF					
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4 to 4 to 1		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED	TO THE TERMINAL DIS	EASE OR CONDITION	GIVEN IN PART I	0)	
certificate writing th irwarded t ised as a l naval, and	N								
	CERTIFICATION	190 DATE OF OPERATION	196, CONDITION FO WAS PERFORE		RATION				20. AUTOPSY?
	ERTIF	210 EXTERNAL CAUSE WAS	21b TIME OF INJURY Month, Day,		II. HOW IN HIEV OCC	LIDDED (Catal patrice		1 0 0	YES NO
編 元		PRIMARY [X] OR CONTRIBUTING	ANIOURAM 5-17-	10 69	Connect	ed rubbe of truck	r hose	from ex	haust pipe
(AMINER: le the cert le 4 shauld rant files. age 3 shau crematian,	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCURRED 21e	PLACE OF INIURY (At home form stre	et 2	II LOCATION Street or		C ty at Town	(County State
EXAMINER: cute the cert age 4 shauld your files. Page 3 shaul, crematian, I, crematian,		AT WORK AT WORK AT WORK	9400 Block Rig	s Rd.		Adel	phi	P.G.	Md.
L E) Recur Page far) Ref			taak charge of the remains desc			syx Insp	pection ,	Inquiry [],	ond in my openion
e exector. Potential for the formal purification for the formal purification.			Natural causes , Acce					d monner	
please e please e I director retained DIRECT		ACTUAL MOS	2 at all les les			MEDICAL EXAMINER			
y, ple tral di tal Di prior		SIGNATURE	NV /y Jacob	<u> </u>		TANT MEDICAL EXAM		22b. DATE SIGI	
		EXAMINER'S NAME (Type) 374 ~	tom/A Demoles	36 7		TY MEDICAL EXAMIN RESS(Street, city, tow		5-	17-69
10 DEPU necessa the fun 5 may 10 FUNE Health	230	BURIAL CREMATION 236	DATE 23c NAME		OR CREMATORY		LOCATION (City or 1	Town) (Co	(Stote)
⊢ <u>⊬</u>		REMOVAL (Specify)	av 21. 1969 Beth				. ,		ter Kentucky
	24.	FUNERAL DIRECTOR	Ai	DDRESS		2So REC D BY REG!	STRAR 2Sb	REGISTRAR'S S.G.	AT. 1RF
VR A15ME (5) 10M REV, 1/68	F	Gasch's Sons	4739 Balto. Ave.	.Hyatt	sville, N	S YAMAN	1969 ,	fluores	Judge "

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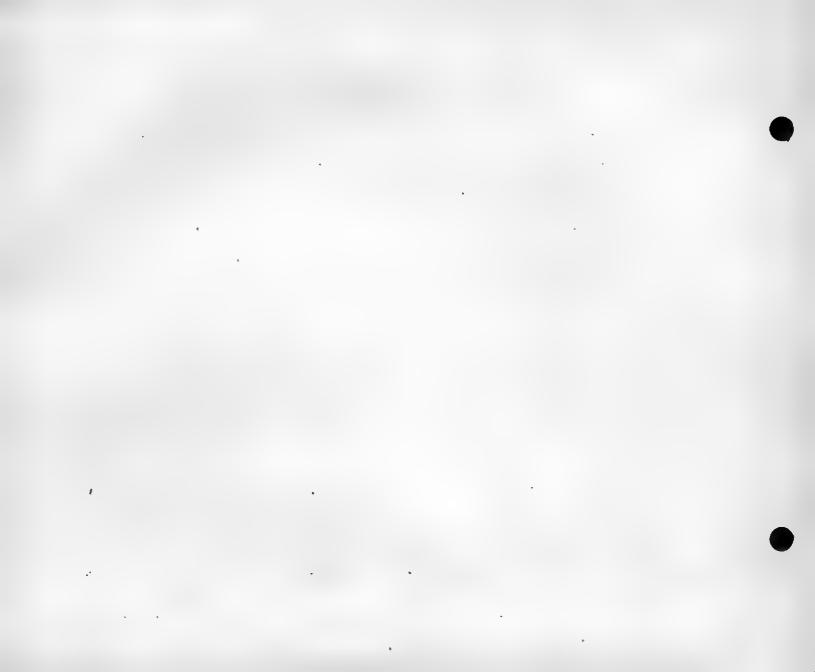
- 1	07391		ND STATE DEPARTMENT OF H		
	01027	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	IMUKE, MAKTLAND 21201	07384
<u> </u>	DECEASED-NAME First	Middle	lost	20 DATE OF DEATH	7A. HOUR
L	(Type or print) James	G.	Phillips	5-4-69 Month Doy	
3.	Sex Male	4. RACE . Whitae	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	B MARRIED ☑ NEVER MARRIED ☐	9 COUNTY OF DEATH	
1	ountry)	U.S.A.	WIDOWED DIVORCED	Prince George	AA A
, 10	Cheverly	11 NAME OF HOSPITAL OR	nea Con Hannit during mi	AL OCCUPATION (Kind of work done ost of working life, even if retired)	126-KIND OF BUSINESS OR
3	o USUAL RESIDENCE (Where deceodmission) STATE Marylan	sed lived, if institution. Residence befor	e 13c CITY OR TOWN 13d INS DE CITY Hyattsville YES NC	MITS? 13e STREET AND NUMBER	Government
1	4 FATHER'S NAME First	Mrddle Lost	IS MOTHER'S MAIDEN NAME F		lost
1	George 60 WAS DECEASED EVER IN U.S. ARI Yes, no, or unknown) (If yes give) Yes	MED FORCES? 166 SOCIAL SECURIT	YNO. 17 INFORMANT	Address	Zimmermar
F	IB CAUSE OF DEATH (Enter or	ily one couse per line for (o). (b) and (TPDame_AS # I	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
Т	PART I DEATH WAS CAUSE		groinc ARRES	57 .	15 min
ı	+ +	DUE TO, OR AS A CONSEQUENCE O	F	2	2
	Conditions, if only, which gove inse to immediate couse (a),	(0)		WASCULAR DISETTS	e 3 years.
ı	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE O)F		
ı		(c) (c) NOTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D SEASE ORC	ONDITION CIVEN IN PART I/o)	
1.		DOT ONE CONTRIDUCTION TO DESTIN DOT	HOLKERYED TO THE TERMINAL D JEASE ONE	ONDITION OFFER HI PART 1(0)	
TITLY IN	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS	PERFORMED 200. AUTOPSY? YES NO	20b IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	210 ACCIDENT WAS UNDERLYING OF CAUSE OF DEAL (If either, notify medical examination of the complete of the com	TH HOUR A.M Month Doy Yes	21c HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2,	Item 18.)
217	21d INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC		City or Town	County State
	22a. I certify that (I) (the saw the deceased a	is haspital) attended the deced live an HILL (2 e, (1) (va) (did) (did not) view th	sed from Accept 19 C	nian death occurred on the da	69, that (I) (we) laste and hour and from th
L	22b. SIGNATURE	s, (i) (was (dio) (essential) view in	10.7	224	DATE SIGNED
	1 Rune	Ittand	DEGREE PHYS DI	ED STAFF PHYS PHYS	5/4/69
	22d. PHYSICIAN'S NAME (Type) DET	YNIS I. HAND	UND . 22e ADDRESS COMM	echcier Ave N.	. Darligh D
23	BO BURIAL, CREMATION, 236.		F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify) Burial 5/	7/69 Balti	more National		timore Md.
					George Juster
1	riancis Gasch'	s Sons Hyattsvil	Let VIO.	1111 - 1000	



191	07392 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 07385
deoth. nero! ond 2 deoth.	I. DECEASED-NAME First Middle REDDINGTON 120. DATE OF DEATH MAY Month 12 Day 69 Year 5:50 M
24 hours after deoth. ed in by the funeral ppers. Pages ond 2	3. SEX Female 4. RACE Caucasian 5. DATE OF BIRTH 6 April 1915 6 AGE (In years let under vear
4 hour. d in by pers. P	76. GIRTHPLACE (Stote or foreign count Virginia 75. CITIZEN OF WHAT COUNTRY? U.S.A. 8. MARRIED NEVER MARRIED PRINCE GEORGES Md.
within 2 fille reby fille within	ANDREWS AFB 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital durin HOUSEWISE even if retired) 12. USUAL OCCUPATION (Kind of work done durin HOUSEWISE even if retired) 12. KIND OF BUSINESS OR PATRY
nd complete emove corl	130 LSUAL RESIDENCE (Where deceased lived, if institution: Residence before of the control of th
be exe	JOHN FRANKLIN GRAHAM 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LOST CORA LEE PAYNE
tificate hysicio	160. WAS DECEASED EVER IN U.S. ARMED FORCES? NOTION OF Unknown) 16b. SOCIAL SECUR TY NO. 579-07-9733 FRANCIS J REDDINGTON SAME AS ITEM 13
The low requires that the death certificate be executed within 24 hours after death, attending physician. As been signed by the attending physician and completely filled in by the funeral se as the buriol-transit permit. Then please remove carbon papers. Pages and prior to buriol, cremation, or removal, and in any event, within 72 hours after death.	18 CAUSE OF DEATH (Enter only one cause per liberfor (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Kesperabory CRREST SUDDEN
. 7 6 6	Canditions, if any, which gave (b). DUE TO, OR AS A GONSEQUENCE OF (b) META STATIC (CEREBRAL) CARCINOMA WEEKS
equires that physician. Signed by buriol-tron buriol, cren	stating the underlying cause) (c) SQUAMOUS CELL CA OF PERINEUM MONTHS
w required by the property of the by or to but	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 120a, AUTOPSY? 120b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The Ic r atten e has be use as ofth price	YES NO CAUSES OF DEATH? NO
SICIAN: spital o spital of spital or ed for ed for	The contributing cause of Death (If either, not fy medical examiner) PM. HOUR A.M. Month Day Year
G PHY: the hot this ce detach	White Not while of the billions are
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defached for use as the buriot-translound be filed with the State Dept. of Health prior to buriof, tree	22a certify that (1) (this haspital) attended the deceased from 18 Max 19 69, ta 12 MAX 19 69, that (1) (we) tast saw the deceased arms an 12 May 19 69, and that in Kny) (aur) apinion death accurred on the date and haur and from the causes stated glave, (we) (did (did not) your the bady after death.
OR AT be reto DIRECTO e 3 she ed with	226. SIGNATURE STAFF ATTENDING DIRECTOR STAFF PHYS 12 May 69
O HOSPITAL OF Poge 4 moy be o FUNERAL DIR director, page should be filed	RINCHARD FLAX CAPT USAF MC MALCOLM GROW USAF HOSP ANDREWS AFB
TO HO Poge TO FUN direct shoul	23a BURIA, (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cty or Town) (County) (Stote) REMBULLIANT May 15 1969 Stonewall Memory Gard. Manassas. Virginia.
VR A15 (4) 30M REV 1768	24 FUNERAL DIRECTOR Baker Funeral Home Manassas, Va. 250 REGISTRAR 3-SIGNASURE DATE 260 PREGISTRAR 3-SIGNASURE DATE 270 PREGISTRAR 3-SIGNASURE DATE 280 PREGISTRA



- 1 2	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		07393 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7386
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN DAGE	th Doy Year 2b HOUR
		(Type or Print) John W. Reeve OF ESTI- DEATH MATED 5	9 1969 114
2, and 3 to PM3. Page	3 9	SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 1 if under 1 YEAR 1 JINDER 24 HRS. 2c DATE PRONOUNCED DEAD	
P B KW		M W 8 Sept 1951 17 YRS 5 Day	90 Yeor 1969 12:35
ep ep		BIRTHP_ACE (Store or foreign 7b CHTIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
form form	_	oty Wash. D.C. USA W DOWED DIVORCED Prince George	Md
Pag Pag vith	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not an hospital live of hospital live street oddress) 12. USUAL OCCUPATION (Kind at work don during most of work no life, even if retired	12b KIND OF BUSINESS OR INDUSTRY
fler death Give Pages 1, ong with form th the State ath		Cheverly Prince George Hosp Student	.)
hours ofter death from 18. Give Pages 1, 2 Office along with form fond 2 with the State Deptater death	30	USUAL RESIDENCE (Where deceased lived, 'f institution Residence before 136 CT CT CT UM TS? 136. STREET AND NUMBER 3354 Oak GI	
hours Item 18 Office Yond 2		TARICE GEOIGE	
	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Clyde S. Reeve Catherine F. Gates	Lost
niner's pages thours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 3354-Under detailed	
d within 24 in pendi-in Examiners File pages 7 n 72 hours		Yes. no. of sunknown) (If yes give wor or doles of service) None Clyde S. Reeve, Forestvill	
be executed with perding in perding in perding in perdicol Exact most permit. File event within 72		IB. CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) PART I DEATH WAS CAUSED BY Lacera.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding ding ledid		immediate cause (o)	
be expending the property of t		Conditions, if ony, which gove)	
d b Chie		ose to immed ofe couse (o) (b) Multiple skull fractures	Minutes
INER: This certificate should be executed within 24 re certificate, writing the word "pending" in penglinic should be forworded to the Chief Medical Examiner's files. 3 should be used as a burian transit permit. File pages. Ination, or removal, and in any event within 72 hours.		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
XAMINER: This certificate shote the the certificate, writing the vage 4 should be forwarded to thyour files. 'oge 3 should be used as a burn cremotion, or removal, and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
certificate writing the inworded to so I seed os o I noval, and	No	MA PATE OF ANDREW	
This certificate, writing to forward	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
MINER: This the certificate, 4 should be for files. P. 3 should be to motion, or ren	ERE	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port	YES NO 🔀
INER: T e certific should b files. 3 should ortion, or	<u>₹</u>	PRIMARY TO CONTRIBUTING HOUR A M.	
NES Should Safe offices	MEDICAL	CAUSE OF DEATH 11:00om 5 9 19 69 Passenger in car which overtu 21d N.URY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCAT ON Street or R.F.D. No City or Yown	rned. County Stote
EXAMINER: cute the cert age 4 should r your files. Page 3 shou		WHILE TO NOT WHILE (25) foctory, office building, etc.)	
L EXAMI cecute the Page 4 for your R: Page 3	ĺ		P.G. Md
FCAL be exerted for Ped for Ped for CTOR		22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection E, Inquiry death resulted from. Natural causes, Accident Suicide, Hamicide, Undetermined mann	
please explease or I director. retoined for to burnion		CHIEF MEDICAL EXAMINER	ei L.
UTY BICAL E ory, please execu- terol director. Pare be retoined for RAL DIRECTOR: Prior to buriol,		ACTIVAL ACTIVA	ATE SIGNED
ory, nerc be ERA			-10-69
TO DEPUTY BICAL EXAM necessory, please execute the funerol director. Page 4 5 may be retoined for your TO FUNERAL DIRECTOR. Page Health prior to buriol, crem		NAME (Type) ADDRESS(Street, city, town, or county)	10-07
5	230	BUR AL (REMATON) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
^		Burial 5/13/69 Resurrection Cemetery Clinton, Md.	
A proventing	24.	FUNERAL DIRECTOR Robert E. Wilkeln Funeral Home. ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRA	
10M REV 1/68		Robert E. Wilhelm Funeral Home. 2308-Suitland, Rd., Suitland, Md. DATEMAY 1 4 1969 Form	me years



	1	07394 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 97387
4 _84	1 D	ECEASED NAME First Middle Lost 20, DATE OF DEATH 2b. HOUR
er death	IM	ARY (MAY) ELIZABETH RICE MAPY DOY YES
fun Est	3. 5	TA PACE / ENDER / ENDER DA MOS
haurs after death. In by the funeral s. Page 7 and 2 haurs after death.		FEB. 21 1899 Iost birthdoy) MONTHS DAYS HOURS MIN
Si San Si	70	BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MADDIED 12 NEVEO MADDIED 1 9. COUNTY OF DEATH
in ers.	COL	LEW JERSEY USA WIDOWED DIVORCED PRINCE GEORGE Md.
n 2. Illed pap pap		CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
ithi Ny fi	` <u> </u>	LAUREL gve street oddress) TH STREET during most of gracking life, even if retired 1 NDUSTRY HOME
d w arb	13o.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS7 13e. STREET AND NUMBER
be executed within 24 harm and and an area of a remayer carbon papers. It in any event, within 72 harms and a remayer and a rema	odm	ISSION) STATE M) 136 COUNTY CEO LAUREL YES DO NO 712 STREET
a king king	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
and		WILLIAM BROWER CELIA NAGLE
ste cian and	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address
iffic al,	1	(es, no, or unknown) (if yes give war or dates of service) HAROLD RICE ABOUE
cerl g pl		18. CAUSE OF DEATH (Enter only one cause per line for, (o), (b) and (c)) APPROXIMATE INTERVAL estimate only one cause per line for, (o), (b) and (c))
ath if.		PART 1. DEATH WAS CAUSED BY. 1MMEDIATE CAUSE (0) Car o in some Hause as 2 yrs
derm erm		1577 DUE TO OR AS A CONSEQUENCE OF
the chip particular	1	Conditions, if only, which gove)
() te = 5 e e		rise to immed.ote cause (a), Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
2 S S S - 1 C		lost. (c)
IDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. After this certificate has been signed by the attending physician arrowneletely filled in by the funeral 1 be detached far use as the burial-transit permit. Then please remays carbon papers. Proper and 2 state Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after death		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ng ng st	_	Generalis A Certeris Feleronia
The faw re aftending has been se as the th priar to	ATIO	196. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The 1	CERTIFICATION	YES NO CAUSES OF DEATH?
are are		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)
ICIA Dital Dital Dital Of He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19
PHYSICIAN: te haspital ar this certificate efached far Dept. of Heal	墨	21d INTIDEX OCCUPRED 121a PLACE OF INTIDEX CATHOME FARM STREET FACTORY \$ 214 LOCATION Street or P. F.D. No. (ib) or Town
the this deta	1	or work or work
by the beautiful from the start of the start	1	22a. I certify that (I) (this haspital) attended the deceased fram
ed Blanch	П	saw the deceased alive on19, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death.
tain tain the tain th	П	226. DATE SIGNATURE 226. DATE SIGNED
OR ATTENDING be retained by the INECTOR: After te 3 should be deed with the State	ı	DEGREE PHYS DEGREE OF DIRECTOR PHYS. D S/1/9/1/9
V by by by billies filles	'	22d. PHYSICIAN'S 22e ADDRESS
SPITAL OR ATTENDIN 4 may be retained by FERAL DIRECTOR: Affe or, page 3 should be ild be filed with the Sta		22d. (PHYSTIAN'S Las War Pare 22e ADDRESS all ref Will
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exemple 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached far use as the burial-transit permit. Then please remanded by the state Dept. of Health priar to burial, crematian, or remayal, and in any contractions.	23o	BUR AL, CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Shote)
O HOS Page 4 O FUN direct	1	BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote)
VR A13 (4)	24	FORERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAP SIGNATURE
30M REV 488	1	Janaldon Reveral Have Laugh 1 MAY 2 2 1969 yourses Judge.

MIAKTLAND STATE DEPARTMENT OF HEALTH



	- 07395		, 301 W. PRESTON STREET, BAI		
	Item7 FilmG412		CERTIFICATE OF DEATH		07388
£ -2 £/	1. DECEASED-NAME FIR	st M ddie	Lost	20. DATE OF DEATH	Zb. HOUR
de d	(Type or print) Le	on J.	Risikoff	Month Da	Y Year 2'SSP M
1 1 1 1 1 1 1 1 1 1	3 SEX	4 RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER YEAR IF UNDER 24 HRS
	Male	White	03-00-94	last hirthday)	MONTHS DAYS HOURS MIN
Do do	7o. BIRTHPLACE (State or foreign country)	7b CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d in pers. 72 h	Russea	USA	WIDOWED DIVORCED	Prince George's	hM
within 24 hours lely filled in by bon papers. Per wethin 72 hours	10 CITY OR TOWN OF DEATH	give street address)	ISTITUTION (If not in haspital 120 US	UAL OCCUPATION (Kind of work done mast from thing Life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
d with	Cheverly	Prince Geor	re's Gen. Hospi	MADDI	Modylki
that the death certificate be executed on. by the ottending physician and complet fronsit permit. Then pleose remove-corremation, or removal, and in any event	admission) STATE	osed lived if institution Residence before 13b COUNTY	YES	NU E	**
	14 FATHERS NAME First	Prince George's	I Hyattsvilld Is MOTHER'S MAIDEN NAME	First M.ddle	lost
be ey	MENACI			SCONOWITZ.	502)
icate ba skrian c pleose II, and II	16g. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECORITY		Address	* *L. M
PHYSICIAN: The low requires that the death certificate be e haspital or ottending physicion. Ins certificate has been signed by the ottending physicion ar stacked for use as the burial-tronsit permit. Then pleose ribept, of Health prior to burial, cremation, or removal, and in	Yes, no, or unknown) ("fyes giv	war or dates of service) 0.50 -32+5	9090 Jachal les	most 2214 Ba	mung Pl. this
and h	IB CAUSE OF DEATH (Enter	anly one cause per line for (a), (b) and (c)	1 . 12 . 1	, , , ,	APPROXIMATE INTERVAL BETWEEN DINSET AND DEATH
endl mit.	PART I DEATH WAS CAUSED IMMEDIA	DIATE CAUSE (o)	to kent fee	line	
office d	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF				
th the sit mati	Canditions, if any, which gave inse to immediate cause (o).				
tho on. by tron	stating the underlying couse				
equires that th physicion. signed by the burial-tronsit I burial, cremati	lost	(c)			
requ g ph s s g s bur	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART (a)	2/1.
tending sheen as the as the prior to	19g. DATE OF OPERATION 119	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	Tool is yes with sunday	from 12
AN: The low re all or ottending trate has been for use as the Health prior to l	19a. DATE OF OPERATION 191	CONDITION FOR WAICH OFERMAN WAS FE	YES NO	20b. If YES, WERE FINDINGS A CAUSES OF DEATH?	PONSIDERED IN CERTIFYING
or off or off or off or off or off	210. ACCIDENT WAS UNDERLY	ING 216 TIME OF INJURY		Ler nature of injury in Part 1 ar Part 2,	Item ID)
CIAN ital of trifico for of fier	☐ DR CONTRIBUTING ☐ CAUSE OF DE CHI CHI CAUSE OF DE CHI CHI CAUSE OF DE CAUSE	ATH HOUR A.M. Month Day Year	g (till	net rigiste of littles y in Fall 1 at Fall 2,	tient (p.)
PHYSICIA e hospital his certifica stached fo Dept. of H	21d. INJURY OCCURRED 21		(TORY.) 21f. LOCATION Street or R.F.D. N	a. City or Town	County State
DING PHYS by the hos ifter this ce be detache State Dept.	While Not while at work				_
by Affer Stat	22a. I certify that (1) (1	his hospital) attended the deceas alive on the land of	ed from CP 19	69, to 9/12-7, 19	69, that (I) (we) last
OR ATTENDING be retained by the SIRECTOR: After ite 3 shauld be ded with the State	couses stated above	al ve on	bady after death.	pinion death accorded on the do	ote ond hour and from the
Short Short	22b SIGNATURE			22c.	DATE SIGNED
OR DE L	100	27 110	DEGREE PHYS	MED STAFF DIRECTOR PHYS	
TAL nay AL Dag	22d PHYSICIAN'S NAME (Type)	D. b D. Star M. D.	22e. ADDRESS	Orania Biana III	
A n WER.		Robert Deitz, M.D		George's Plaza, H	yattsville, MD
Page 4 may be retained by the haspital or ottending for FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be tiled with the State Dept. of Health prior to	23a BJRIAL, CREMATION, REMOVAL (Specify) 23b	19/19 Beth	CEMETERY OR CREMATORY	23d DCAT ON (City or Town)	2(County) (State)
	24 FUNERAL DIRECTOR COAS	and DO and ADDRESS	I Lange So. REC'D	RY REGISTRAR 1256 DEGISTRAD S	S.GNATURE C
VR A15 (4) 45M - 1/69	Hans.	350	1-1428 D.C DATE	MAY 9 1969 10	ionles Judge



Carlotte Comment	It	oms 18-22a Film 415 MAKYLAND STATE DEPARTMENT OF HEALTH	07389			
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0.000			
HEALTH DEPT.	1 [ECEASED NAME Frst Middle Last 2a DATE KNOWN Manth	Ogy Year 2b HOUR			
y is	-	Type or Print) Edith ADAMS Roberts OF ESTI- DEATH MATED \$ 5-26-				
le de le	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE (In yours if JADER 1 YEAR IF JADER 24 HRS 22 DATE PRONOUNCED DEAD	2d. HOUR			
		Female White 19 19 19 49 YRS 5 26	69 19 7: 10am M			
- V	7a.	BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH				
farr farr		FENNA. U.S WIDOWED Prince George's	Md			
ve Pages y with far the State	י טין		26 KIND OF BLSINESS OR NOUSTRY			
Sive Sive Jg v h th	The state of the s					
hours after light of the color office along		The County George's Beltsville YES NO 104.07446th Av	AP)7; e. #302			
		ATHER'S NAME First Middle Last 15, MOTHER'S MAIDEN NAME First Middle	Last			
4 ± 0 0 0		CLARENCE J. SURPLUS MARILLA FAIRLESS				
d within 24 in pencil in Examiner'≡ File pages in 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? (1) Yes give water dolles of service)	E A6 × /3			
INER: This certificate shauld be executed within 24 haurs after death e certificate, writing the ward "pending" in pencil in Item-18: Give Page should be farwarded to the Chief Medical Examiner of Office along with files. 3 should be used as a burial-transit permit. File pages land 2-with the Standian, or remayal, and in any event within 72 haurs after death.		18. CAUSE OF DEATH (Enter only one cause per line for (pt. (b) and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)				
exond f Me sit p		Conditions, if any, which gave				
Id by Chic		nse to immediate couse (a), (b) Carbon monoxide intoxication				
thauld be e ward "per the Chief I urial-transit		stating the underlying cause DUE 10, OK AS A CONSEQUENCE OF				
ertificate shauld writing the ward warded to the Cl sed as a burial-tr		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	<u> </u>			
ificate titing the street of t	1 3					
This certificate is isate, writing the be farwarded to d be used as a b ar remayal, and	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?			
This rate, be for	ERTIF		YES PC NO			
進	MEDICAL C	216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING THOUR AM. 1:00mx 5-26 19 216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING THOUR AM. 1:00mx 5-26 19 217 HOW M. DRY OCCURRED (Enter notion of injury in Part Lour Part 2, Item CAUSE OF DEATH	ipe			
	1	21d. INJURY OCCURRED 21e PLACE OF NJURY (At hame, form, street, 21f. LOCATION Street at R.F.D. No (ity at Yown fortons, office hadding etc.)	County Stote			
L EXAM ecute th Page 4 ar your R:Page		AT WORK LAT WORK K. 455 Place & Samar St. Beltsville Prince	Geo. Md.			
AL Execution Poly for OR: For stringly		220. 1 certify that I took charge of the remains described above, held on Autopsy 🔀 , Inspection 🔀 Inquiry 🗍	ond in my opinion			
ITY DICAL E		deoth resulted from: Notural couses . Accident ., Suicide ., Homicide ., Undetermined monner .				
please I direct retaine DIREC		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE SI	GNED			
EPUTY SICA ssary, please ex funeral directar. ay be retained iNERAL DIRECT th prior ta bur		SIGNATURE	5_27_60			
		NAME (Type) John Kehoe MD Riverdale Md ADDRESS(Street city town, or county)				
TO D nece the 5 m TO FU	230	BUR AL (REMATORY 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d 10(ATION (City of Town))	(aunty) (State)			
	5	PLINERA, DIRECTOR 29MAY 1969 FORT LINCOLN CEM COLMAR MANOR FUNERA, DIRECTOR 250 RECTO BY REGISTRAR'S SI	MARYLAND			
VR AT SME (5)	14 151	FUNERA DIRECTOR 250 RECTO BY REGISTRAR 250 R	o mage			
10M REV 1/68	1	Internal of the state of the st	<i>[[[]</i>			



1/	t	MARYLAND STATE DEPARTMENT OF HEALTH 1739 PIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7390
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1350
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN Month D	ay Year 2b HOUR
is to to af		Type or Print) Nartha A Robinson OF ESTI- DEATH MATED 5-5-	69 19 7:18am
ny delay is 2, and 3 to PM3. Page	3 S		2d HOUR
PM3	_	emale Negro 8-15-1568 47 yrs 5	69ear 19 7:45am M
E S S		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
far far		Char. Co. //a 413.7. WINDOWED Prince George's	Md
hours after death my liem 18. Give Pages 1, 2, office along with farm Ph 1 and 2 with the State Department death.	10.1		6 KIND OF BUSINESS OR Dustry
frer Gry ang		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d MSIDE CTY LIMITS? 13e STREET AND NUMBER	
18. a 18. c al del	m	drission state of Rt3, Box 244B	
executed within 24 haurs after death anding" in pency in Item 18. Give Pagi Medical Examiners Office along with a permit. Pile-pages land 2 with the Statist within 72 haurs after death.	14 F	athers name First Middle Loss Is MOTHERS MAIDEN NAME First Middle Middle Mary Margaret Simm	Lost
I within 24 prpented in Examiner's Free pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 UNFORMANT / ADDRESS	>
d within in pental Examine Page		(8s, no, of unknown) (If yes give water dates at service) Rogers Kobinson Same	
be executed with pending" in pending" in pending Examile Examile Examile Examile The event within 72		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY Bilateral hemothorax	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
mding" i		MMEDIATE CAUSE (Q)	
exe F Me ii pe		DUE TO, OR AS A CONSEQUENCE OF Trayma - auto accident	
Tons		Conditions, if ony, which gove) (b)	
should be e ne word "per o the Chief I burial-transit i in any even		stoting the underlying cause DUE TO, DR AS A CONSEQUENCE OF	
she whe whe was to the to the buring the contraction of the contractio		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g)	
This certificate should be ficate, writing the word "po be farwarded to the Chief d be used as a burial-transi or remaval, and in any eve		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRESITING TO SEATH BUT NOT RECATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(0)	
certif arwan used used mayah	CERTIFICATION	19g, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
his coate, y	1910	WAS PERFORMED?	YES NO 🔀
Th iffical 1 be 1d b		210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 216 HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item	
KAMINER: 1 te the certific ge 4 shauld by your files. age 3 shauld cremation, or	EDICAL	PRIMARY OR CONTRIBUTING 7.15am 5-5- 19 69 Passenger in car which ran off ro	ad and hit
MIN the 4 sh 1 r fill mal		21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, yell LOCATION Street or R.F.D. No City or Town factory, office building, etc.)	County State
EXAMINER: cute the cert age 4 shaul r your files. Page 3 shau		atwork I atwork I Baden Road, Frince George's County, Paryland	
ICAL E e executor. Particular Par		220. I certify that I took charge of the remains described above, held an Autopsy, Inspect on Autopsy, Inspect on Autopsy,	ond in my opinion
ITY SIC. y, please eral director be retained priar ta bu		deoth resulted from. Natural couses 🔲, Ascident 🗷, Suicide 🔲, Homicide 🗍, Undetermined monner 🗍	J
dir Dist		ACTUAL CHIEF MEDICAL EXAMINER 226 DATE SIG	CMED
by please executeral director. Page be retained for the r		SIGNATURE TO COLUMN MEDICAL CAMPBER TO	-69
TO DEPUTY DICAL EXAMINER: This certificate should be executed necessary, please execute the certificate, writing the word "pending" the funeral director. Page 4 shauld be farwarded to the Chief Medical 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. Health priar to burial, crematian, or remaval, and in any event within		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city town, or county)	
To I the S II Hee	230	RIIR AL CREMATION / 23h DATE / 23c MAME OF CEMETERY OR CREMATIONY 234-30CATION (C.t. or Town)	oyn(y) () (State)
_	1		L. Jeo. Md.
n. D.	24	HINERAL DIRECTOR 250 REC D BY REGISTRAR 296 REGISTRAR S SIG	
VR A15ME (5)	1	Olarlelle adams aguases, Md 12 1969 golisman	a Vaccinity



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (1972)	
	Trems 500 Film GH12 5/19/69 KK CERTIFICATE OF DEATH	
€ 23€	1 DECEASED NAME First Middle Last 20. DATE OF DEATH 2b. HOU (Type or print)	UR P
- F () F	(lype or print) Alida V. Rogers May 9 1969 10:1	OM
i iv	3. SEX 4. RACE 5. DATE OF BIRTH 1886 6 AGE (In years IF UNDER 1 YEAR IF UNDER 2 YEAR)	HRS MIN.
y the Page	7- DIDTURACE CAN A CONTROL OF MAINT COUNTRIES OF STREET OF STREET OF STREET OF MAINT COUNTRIES OF STREET OF STREE	
hou hou	70 BIRTHPLACE (Stote or fore gn COUNTY OF DEATH COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH Pro. Geo.	
ed ope	THORID & BIOKED	Md
requires that the deoth certificate be executed within 24 hours after death g physicion. signed by the attending physicion and completely filled in by the tentor signed by the attending physicion and completely filled in by the tentor signed by the tentor than please reprove carbon popers. Pages and bound, and in ony event, within 72 hours atterded to burial, cremation, or removal, and in ony event, within 72 hours atterded to burial.	Lanham give street oddress) Magnolia during most of working life, even if retired) NDUSTRY Ret. Clerk	
ed plet	13d JSUAL RESIDENCE (Where deceosed lived, it institution. Residence before	
a le cent	ratyland r. d. hyattsville 5801 Queenschapel Rd.	
E E E	14 FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle Lost Adele J. BuquesneRoi i	_
ou gen	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 116b SOCIAL SECURITY NO. 17 INFORMANT Address	_
rtifica ohysie or pla	Yes, no or No. (If yes give wor of doles of service) 497 10 6389 William I. Rogers same as 13	
ng p The	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	H
eoff endi	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	28
ath perrion,	4100 of DUE TO, OR AS A CONSEQUENCE OF)
the the roat	Condit ons, if any, which gave need to immediate cause (a), (b)	5
th on. by crei	stoting the underlying couse Due TO, OR AS A CONSEQUENCE OF	
ires ysici ned rial-	lost. (c)	
Phone Sign	PART 2. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
low ending beer so the	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
OR ATTENDING PHYSICIAN: The low requires the be retained by the hospital or aftending physicion. DIRECTOR: After this certificate has been signed by ge 3 should be detached far use as the burial-trooled with the State Dept. of Health prior to burial, cre-	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Finer nature of injury in Port 2 Item 18.)	
in the second se	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
ital oital difac of He	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OUR A.M Month Day Year Our Contribution of Country Our Country	
HYSI hosp cer sche	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State	8
this deto	at work at work	
be stot	220. I certify that (I) (this hospital) attended the deceased from 1907, to 1907, to 1907, that (I) (we) saw the deceased alive on 1907, and that in (my) (our) opinion death accurred on the date and hour and from	lost
END R: A Jid he he	saw the deceased alive on	the
ATT a short in the training of	22b-SIGNATURE) 22c DATE SIGNED	_
OR Se re d w	The Company of the Control of the Co	,
AL oy boy by by by by by by by by fille	22d PHYS CIANS) AND A DELLOS M. D. 22e ADDRESS - LUCAS LANGUE LANGUE AND LAN	_
SPITAL 4 moy WERAL C far, pag	The fact of the fa	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detoched far use as the burial-tronsit permit. Then please repove carbon papers. Page should be tiled with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours should be tiled with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours	23d BURIAL (REMATION, PEMOVAL (Sparify) Sun Set Hill Cemetery Harrisburg, Illinois	Q(
	24 FUNERA DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR S SUGNATURE	_
VR A15 (4) 45M - 1/69	F. Gasch's Son Hyattsville, Maryland DAMAY 1 3 1969 Cliantes Judges	



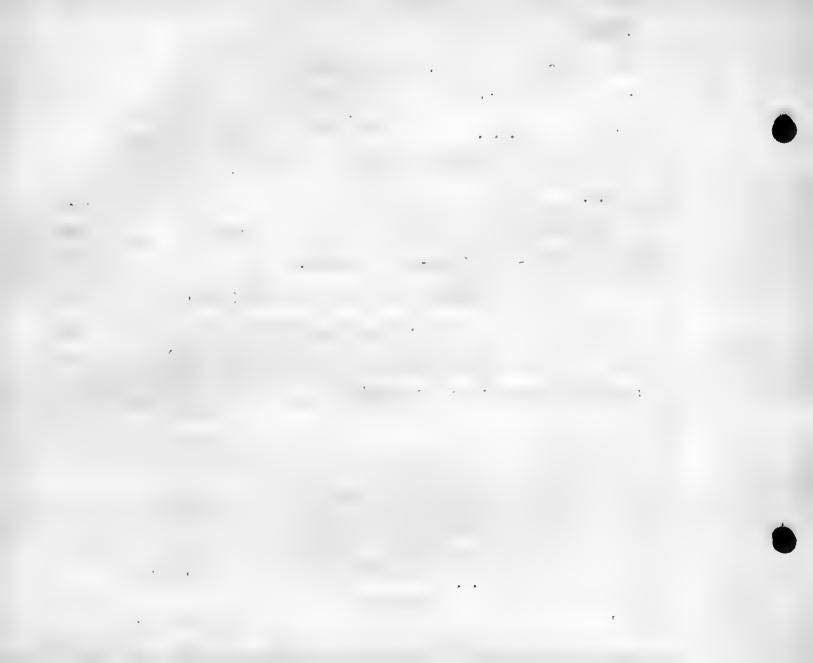
MAKTLAND STATE DEPAKTMENT OF REALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07392 CERTIFICATE OF DEATH First Middle DECEASED NAME Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Month Day ROSHO LOW15 LEVON ZOLYKIN S. DATE OF BIRTH IF HINDER I YEAR 3 SEX 4. RACE 6. AGE (In years MONTHS I OAYS 19 JUNE MALE YRS physician that campletely filled in by 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED PRINCE DIVORCED [7] WIDOWED | GEORGE'S 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) during most of working life oven if retired) INDUSTRY ANDREWS AFA MALCOLM GROW VJAF HOJP MILITARY 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 138 STREET AND NUMBER odmission) STATE DELAWARE 136/COUNTY KENT YES NO DOVER LOT. 31 LAHELAND TRAIER and in any IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost JOSEPH ROSMO 160 WAS DECEASED EVER IN U.S ARMED FORCES WES 16b SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) WIFE 515-10-3336 LOT 31-LARELAND TRAILED PK - POUER PE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) burral-transit rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAZED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to this certificate has been for use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES J NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INHURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Dov (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. 1N.JRY OCCURRED City of Town Stote County While Not while at work 22a I certify that (this haspital) attended the deceased from ZZ saw the deceased alive an 27Man , and that in (my) (our) apinion death accurred of the date and haur and from the O FUNERAL DIRECTOR: causes stated apave, (1) (we) (did) (did not) view the bady after death 22b SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 shauld be filed v DEGREE PHYS 22d PHYSIC ANS 22e ADDRESS NAME TYPE Geffrey A. Graham, M. D. Hospital. Camp 23c. NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (Stote) Arlington Nat'l Arlington. Cem. 25b. REGISTRAR'S SIGNATURE 2Sq. REC D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 Ritchie Bros. Upper Marlboro. Md.



		MARYLAND STATE DEPARTMENT OF HEALTH		
		07400 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201	
		CERTIFICATE OF DEATH	07393	
4 2 4	1 D		D. DATE OF DEATH 26 HOUR	
r death Tuneral Tand 2 ar death	((Type or print)	Month Day, Yeor 38 u	
يا م	3 5	SEX -7 A RACE S DATE OF BIRTH	6 AGE (In years IF UNDER YEAR IF UNDER 24 HRS.	
at a see	"	tender of Bikin	last birthday) Months Days HOJES M.N.	
2 201	Ļ	V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YRS.	
hour by		BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. CO	DUNT) OF DEATH	
in 24 iilled ii paper		Maryland 1/5A WIDOWED DIVORCED	Trince Georges Mo	
nin 24 filled pape thin 7	10. (CUPATION (Kind of work done Ab. K ND OF BUSINESS OR	
with With	1	- orestuile givesDeet address Hursing Home during most a	f warking life, even if retired) YNDUSTRY	
od v	13a	USJA, RESIDENCE (Where deceased lived it institution lies dense before 13c CRV OR TOWN 13d ASDE CITY HACKS	13e STREET AND NUMBER	
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and rem		aline - H land Vet	C C	
sician please (), and	160	WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO]17 INFORMANT	C. Miller	
certificate by		Yes, na orunknawn) (If yes give war or dates of service)	Address — # 302	
(E) 45 8	⊨	NORETHA KAMI	1x - 4022 FIRST St.SC.	
\ ~ 3 / m = E		18. CAUSE OF DEATH (Enter any ane couse per line for (a) (b), and (cb) PART DEATH WAS CAUSED BY Carebout Vascula, a	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH	
ne death certificate of attending physician permit. Then please ion, ar remayal, and		IMMEDIATE CAUSE (a)	chedery 2 months	
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年 皂 t t t		Conditions, if any, which gave	onlevous unknown	
that th an. by the ransit t		rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	1 1	
ICIAN: The faw requires that the death pital ar attending physician. rifficate has been signed by the attending far use as the burial-transit permit, af Health prar to burial, cremation, ar re-		last to the state of the state	has disease unknown	
equires physicio signed burial-h		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART I(a)	
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the hard	돌		CAUSES OF DEATH?	
E P P P P P P P P P P P P P P P P P P P	ERT	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED. (Fater policy)		
AN DI C	ਭ	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of the contributing cause of peath HOUR A.M. Month Day Year	ore of injury in Part 1 or Port 2, Item 1B)	
YSICI naspirt certif certif thed pt. af	MED.C	(If either, natify medical examiner) P.M. 19		
has be better	× '	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No While Not while 1	City or Town Caunty State	
A ATTENDING PHYSIC retained by the haspi rECTOR: After this certification is should be detached with the State Dept. at		While Not while at work at wark	134	
DING I by th After I be d		22a. I certify that (1) (this haspital) attended the deceased from 4 / 24 , 1969	, ta File 1 /6, 1969, that (1) (we) last	
ND sed	l	saw the deceased alive an 116116 1969, and that in (my) (saw) opinion	death occurred on the dote and haur and from the	
ATTEN etained CTOR: / shauld		causes stated above (1) ((did not) view the body after death		
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F. F. C.	23a	BUR AL (REMAT ON 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23c	1 LOCATION (City or Town) (County) (State)	
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VR ALDVA	24	FUNERAL DIRECTOR O ZOG. REC'D BY REC	SISTRAR 25b REGISTRAR'S SIGNATURE	
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•	07401		W. PRESTON STREET, BALTIMO TIFICATE OF DEATH		7394
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n 24 hours lifed in by the papers. Per pap	zoughu)	S.A. WI	SEWITE TO MESTER WHILE VIEW	COUNTY OF DEATH Prince Georges	
within 2 ely filled bon pap	10 CITY OR TOWN OF DEATH Glenn Dale	11 NAME OF HOSPITAL OR INSTITUT	ON (If not in hospital 12a USUAL O	occupation (Kind of work done of working life, even if retued)	12b. KIND OF BUSINESS OR INDUSTRY
wted we car	13a. SS.AL RESIDENCE (Where deceased lived admission) STATE C. 13b	COUNTY	CITY OR TOWN 13d INSIDE CITY EIM 152 Shington YES NO	13e STREET AND NUMBER	N.W.
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tificate shysicial n pleas val, and	16a. WAS DECEASED EVER IN U.S. ARMED FOR Yes no. or Junknown) (11 yes and or dates	(CES? of SECURITY NO 527-09-6376	17 INFORMANT Decedent	Address	
low requires that the death certificate be execuding physician. been signed by the attending physician and to the burial-transit permit. Then please removiant burial, cremation, or removal, and in any	111	F (o) Probable myoca	rdial infarction	(clinical)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden
that the dea ian, by the attenc tronsit permit cremation, or	Conditions of any, which gave		ic heart disease		years
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w required plans in the purity of the purity	Dulmanama amahas	ema; chronic bron		NTION GIVEN IN PART 1(0)	
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PHYSICIAN: le haspital or his certificate prached for Dept. of Heal	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	b. TIME OF INJURY OUR A.M. Month Day Year P.M. 19	21c HOW INJURY OCCURRED (Enter not	ture of injury in Part 1 or Part 2, Item	n 18.)
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O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt		ital) attended the deceased from 5/28/19 69 ve) (did) (did not) view the bady	m3/4/, 19.66 2, and that in (#\$) (our) opinial after death.	, ta <u>5/28/</u> , 19 <u>6</u> n deoth occurred on the dote	9 , that (4) (we) lost ond haur and from the
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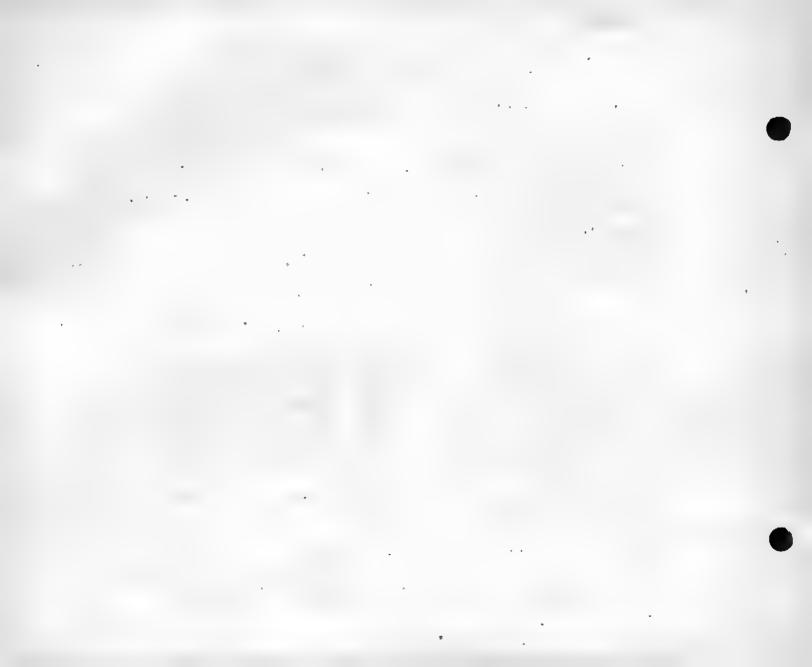


		DIVISIO	IN OF VITAL R	ECORDS, 301 W	. PRESTOI	I STREET, BALTI <i>I</i>	NORE, MARYL	AND 21201		073	105
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HEALTH DEPT.		ECEASED NAME Fir	st	M doie		Lost		2a DATE KNOWN	Month	Day Ye	ar 25 HOUR
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Certification show	MEDICAL	CAUSE OF DEATH	P	.M.	9						
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al o la cière		ACTUAL SIGNATURE	ones	110	1	M.D. ASSIST	ANT MEDICAL EXA	MINER .	22b. DATE		
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necessory, the funeral services of the funeral services of the funeral services of the funeral services of the		NAME (Type) John K	ehoe MD	Riverda	le. Mo		SS(Street city, tax	wn, or county)			
5 a 4 2 5 B	230	BURIAL CREMATION. 236	DATE	23c NAME	OF CEMETERY	OR CREMATORY	230	LOCATION (City or	Tawn)	(Ynuo))	(State)
		REMOVAL (Specify)	5/22/69		Davi	d Mem.Ga	rden	Falls	Churc	h. Va	
	24	FUNERAL DIRECTOR	1	3549	PRESS 4+	h St. NW2	Sor REC'D BY REC	STRAR 2Sb	REGISTRAR S	SIGNATURE	
VR A15ME (5) 10M REV 1768	Be	FUNERAL DIRECTOR rnard Danzan	sky & S	ons Wash	1., D	.C. 200h	GAY 26	1969 /	Whomle	o Joech	pe

MAKTLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07403 CERTIFICATE OF DEATH 07396 Pages I and 2 Mrs after death. DECEASED NAME Middle First Lost 20 DATE OF DEATH 2b HOUR 24 hours after death (Type or pnnt) TAFFORD W 4. RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER LYEAR b=rial-transit permit. Then please remave carban papers. Pages 1 burial, cremation, ar removal, and in any event, within 72 hours after IF JNDER 24 HRS last birthday) YRS. MONTHS I DAYS HOURS MAKE 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED M NEVER MARRIED .⊑ u.S PRINCE GEORGES WASH O.C WIDOWED (DIVORCED [7] and camplefely filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 1405P give street oddress) NOUSTRY Electrical physician and camplefely fen please remave carban during gost of working life, even if retired.) hinton. mmunim Contractor 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Chinton mi) executed 13b. COUNTY PG YES . Clinton 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Middle requires that the death certificate be Albert F. Saul Elsie A. Harvey 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address L. Saul Brandywine Road, Clinton, Md., 20735 Yes, no, or unknown) no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) signed by the Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [7 NO I TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram 4/-30, 1969, to 5-3, 1969, that (I) (we) last saw the deceased alive an 5-3, 1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the . 19 69 , that (I) (we) last causes stated above. (1) (we) (did) (did not) view the body after death 22b. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS ChinTON HOSP/ 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 7945 23c NAME OF CEMETERY OR CREMATORY 23d EOCATION (City or Town) 23b, DATE 23o. BUR AL, CREMATION, (Stote) ((County) REMOVAL (Specify) Burial Cedar Hill Suitland, Mar land 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Robert E Wilhelm Funeral Home E. Suitland, Md., 20023 Suitland Rd., S.E., 10 Clarel Bro Joseph &



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07397 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I DECEASED NAME M ddle FILES lost 2a DATE KNOWN Month Carl Cloyce (Type or Print) Scott ESTI-Jr. 2, and 3 to PM3. Poge 10 1069 1:50 ent of DEATH MATED IF UNDER 24 HRS & AGE (In years IF UNDER 1 YEAR 3 SEX 4 RACE S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2g HOVS lost birthday) 5 Day 10 Year M W 27 Mar 1947 22 YRS 70 BIRTHPLACE (State or foreign 7b CTIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DERTH : -Examiner's Office along with form country) N.C. U.S.A. DIVORCED [WIDOWED | Prince George This certificate should be executed within 24 hours after death 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a uSUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress)
Leland Hosp during most of working life, even if retired.)
Student INDUSTRY U. of Md Riverdale deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LAM TS? 13a STREET AND NUMBER 13b COUNTYP.G. odmission) STATE Md. YES RO 8549 Glendale Rd. Greenbelt Middle 14. FATHER S NAME First 15 MOTHER'S MAIDEN NAME First M.ddle hours Scott Sr. Theresa McNeill 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) Hospital Records E APPROXIMATE INTERVAL event within IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) the certificate, writing the word "pending" is 4 should be forwarded to the Chief Medical BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Laceration of brain IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if, bny, which gove Trauma Auto Accident 5 min. rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause C PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 1(a) be used 19a. DATE OF OPERATION 195 CONDIT ON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO SK YES [3 should t 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Dov Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 1:45am 5 PRIMARY OR CONTRIBUTING cremation, SICAL EXAMINER: Pedestrian struck by car. 10 19 69 CALSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State 9100 Baltimore Ave., may be retained for your FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK Callege Park P. G. Md. 220 I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry 1 and in my opin on the funeral director. Natural causes 7. Acc dent X death resulted from Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED SIGNATURE TO DEPUTY 5-10-69 DEPUTY MEDICAL EXAMINER R 5 may 10 FUNE Health **EXAMINER'S** John Kehbe, M.D., Riverdale ADDRESS(Street, city, tawn or county) NAME (Type) 230 BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 5-13-69 McNeill Family Cem.

ADDRESS [250. B Burial West Jefferson, Ashe, N.C. 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25o. REC D BY REGISTRAR 1969 VR A15ME (5) Francis Gasch's Sons Hyattsville, Md. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MAKILANU SIAIC UCPAKIMENI UP DEALIN

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07406 CERTIFICATE OF DEATH Middle DECEASED-NAME First last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate (be loweruled within 24 haurs after death. (Type ar print) Month 3 Day / 9/6 Great -uther 11 P 1 nderson filled in by the fun papers. Pages 1 thin 72 haurs after a S. DATÉ OF BIRTH SEX 4. RACE 6. AGE (In years IF JINDER 1 YEAR F JNOER 24 HRS last bigtaday) HOURS MONTHS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED USA DIVORCED [WIDOWED X ince Georges Md. campletely filled F 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR INDUSTRY Oute Maste give street address) during most of working life even if ret red | IND carban × crematian, ar remaval, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c, CITY OR LOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Prince Ground Co. YES 🔀 NO [560 remave FATHER S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Unknown Epherian Senter please physician nen please 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no prunknown) the attending parties that 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF TIOS CLARGOTIC Canditians, if any which gave) signed by the rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s ise as the k th priar ta k 19a, DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [Health this certificate ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Manth Day Year ō (Ac either, natify medical examiner) P.M. detached Dept. (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. 21a INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at wark State [TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from NOV saw the deceased alive an 25 6919, and that in (, 19 cod to_ and that in (my) (our) opinion death accurred on the date and haur and fram the be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR directar, page shauld be filed eq PHYS PHYS. WI MERKLE MARES CLINTON 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, (State) (County) BREMOVAL (Specify) 5-6-1969 Forest Lawn Cemetery Charlotte North Carolina 24. FUNERAL DIRECTROBERT E. Wilhelm Funeral Home 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 4308 Suitland Road Suitland Maryland 1969 30M REV. 1/68

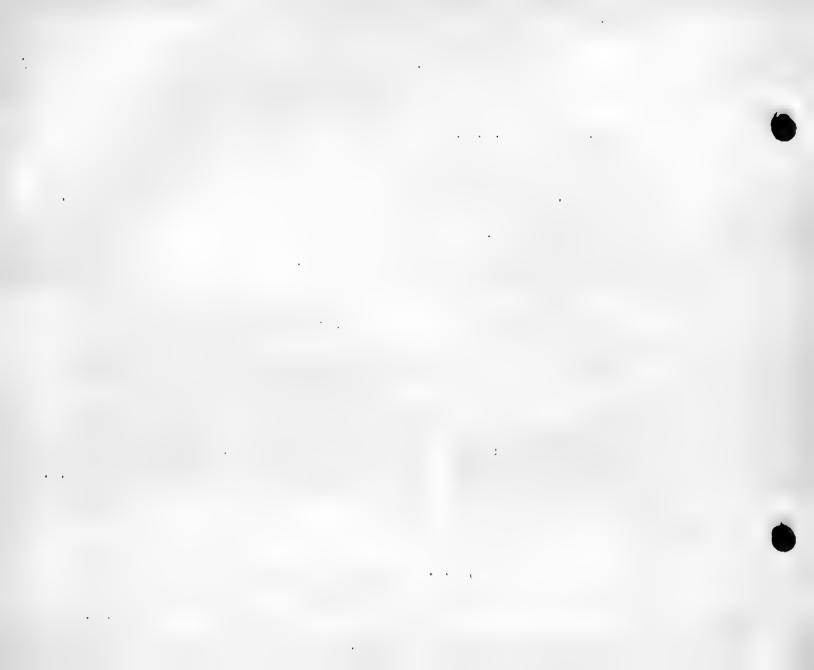
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VR ALS 24. FUNERAL DIRECTOR ADDRESS 250 REGISTRARS SIGNATURE	by Afree be Stor	22a. I certify	that (I) (this hosp	pital) ottended the	deceosed from	d that is found found		196	I, that	(we) last
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VR ALS 24. FUNERAL DIRECTOR ADDRESS 250 REGISTRARS SIGNATURE	TAL AL Pag pag		A.			22e. ADDRESS	Silver S	Spring.	Marv	land
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1 10	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 074	01
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	314
HEALTH DEPT.	Deceased Name (Type or Print) Raymond L. Sheets Sr. 20 Date KNOWN	Yeor 25 HOUR 20
2, and 3 pm3 pm3 pm3	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE 10 YEAR FUNDER 24 HRS 20 DATE PRONOUNCED DEAD MONTHS DATS HOURS MIN 5 Day 30 Year	1969 2d HOUR
27	70. BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1
Poges with for e Stote	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION for in hosp tol 120 USUA. OCCUPATION (K.ind of work done 12b Kini	D OF BUSINESS OR
Meers offer deoth Cay Meer 18. Give Poges 1, 2, Office along with form P Tond 2 with the State Dego offer deoth	130 USUAL RES DENCE (Where deceosed lived if institution Residence before 13c CETY OR TOWN 13d MISIOE CTY LIMITS? 13e. STREET AND NUMBER	
fifte on 1	Md. Prince George: College Park 2001 9302 Cherry Hill I	Lost
thin 24 h	Woodrow W. Sheets Betty 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 1964 163 34 7055 Shelva J. Sheets Same as #13	Perry
INER: This certificate should be executed within 24 hours offer death should be forwarded to the Chief Medical Examiners offer along with form should be forwarded to the Chief Medical Examiners office along with form 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Denation, ar removal, and in any event within 72 hours offer death.	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	PPROXIMATE INTERVA, WEEN ONSET AND DEATH
is certificate should be executed to, writing the word "pending" in forwarded to the Chief Medical E. to used as a buriol-transit permit. Free temoval, and in any event within	Conditions, if any, which gove (b) Conditions, if any, which gove (b) Traums motor vehicle accident	
Should he word to the Co	stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
certificate writing the provoided to a so old movel, and		
This certificate, write be forwood to the used or the	WAS PERFORMED?	AUTOPSY? YES NO NO
ER: The certification of the c	PRIMARY OR CONTRIBUTING 110124 m 5 29 1969 Driver of motorcyle which struck re-	
ical Examiner: Ti execute the certificator. Poge 4 should be defor your files. CTOR: Poge 3 should buriol, cremotion, or	white at work at work at work to arm of the busing, etc) Steet 9500 Block Baltimore Bvd College Particular at work at work to a steet at work to	P.G. StotMd ark
se execuctor. Po	220. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, or death resulted from Natural couses, Act death, Suicide, Homicide, Undetermined manner	nd in my opinion
pepury jease execute the formal director. Page 4 may be retained for your function by burief. Page south prior to buriol, crem	ACTUAL SIGNATURE M.D ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED	
TO DEPUTY necessory, the funero 5 may be TO FUNERAL Hearth pri	EXAMINER'S NAME (Type) John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER 15-30-69 ADDRESS(Street, city, town or county)	
TO DI nece the 5 mm 5	23d BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) Burial 6/2/69 George Washington Hyattsville P.G.	Md.
VR A15ME STA	Francis Gasch's Sons Hyattsville, Md. 250. RECU BY REGISTRAR 250. REGISTRAR'S SIGNATUR DATE JUN 4 1969 ACCUMENT	
10M REV TABLES	Francis Gasch's Sons Hyattsville, Md. DATE JUN 4 1969 Augusta	



MAKTLAND STATE DEPAKTMENT OF HEALTH 07409 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 67402 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a DATE OF DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. signed by the attending physician and completely filled of by the funeral burial-transit permit. Then please remave carban pagers. Pages 1 and 2 burial, crematian, at remaval, and in any event, within (2 hours after death 2b HOUR (Type or print) H. Month 10:15 B. Shirley 1969 May 3. SEX 4 RACE S DATE OF BIRTH IF UNDER 1 YEAR 6 AGE (In years IF JNDER 24 HRS last birthday) HÖLIRS Male 7/15/18 Negro 7b CIT.ZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8 MARRIED [** NEVER MARRIED [South Carolina U.S.A. Prince Georges WIDOWED [7] DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Glenn Dale Hospital Glenn Dale during most of work ng life, even if retired) INDUSTRY 130 USUAL RESIDENCE (Where deceased , ved, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 138. COUNTY YES. Washington NO T 622 7th Street, N.E. 14 FATHER'S NAME First Middle IS MOTHER'S MAJDEN NAME First Last Middle Lost Doc Shirley Viola Newman 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address -Yes na, ar unknawn) (If yes give war or dates at service) 248-18-7575 Decedent 18. CAUSE OF DEATH (Enter only one cause pMari policy and rymphoma, lymphocytic type (lympho-BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) sarcoma) generalized 5 mo DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause! iste werte et a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to Pulmonary tuberculosis 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES F NO I Yes 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 23c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f &OCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that XX (this haspital) attended the deceased from 12/11/, 19 68, ta 5/5/, 19 69, and that in (RY) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING 5/5/69 DEGREE DIRECTOR 27e ADDRESS Glenn Dale Hospital 22d. PHYSICIAN'S Moe Weiss, M.D. NAME (Type) Glenn Dale, Maryland 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23a BURIAL, CREMATION 23d LOCATION (City or Town) (County) (Stote) -REMOVAL (Specify) 5-10-69 Harmony Memorial Park Landover, Prince George, 25b REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR 2Sq REC D BY REGISTRAR Hall Bros. Funeral Home 621 Fla., Aven, Wash.DC



- 1		A M 7 4 5			E DEPARTMENT OF PRESTON STREET, BA		YLAND 21201		
		07410			CATE OF DEATH		- (07403	į.
		CEASED-NAME First ype or print)		Middle	Lost	20. DATE OF			2b. HOUR
		Doro		Shollen			May 12,	1969	4:15
	3. SE		4. RACE		S. DATE OF BIRTH		6. AGE (In years last birthday)	F JNDER + YEAR MONTHS DAYS	HOURS MIN
ŀ	70 0	Female IRTHPLACE (Stote or foreign	7b. (17)ZEN OF WHAT COUN	T01/2	12-16-17		51 YRS.		
- 1	COUT	try)	U.S. AMER	1,15,10,17,17,	NEVER MARRIED DIVORCED	9. COUNTY OF			
		ST VIRGINIA	1 NAME OF HO	SPITAL OR INSTITUTION (S	not a bospital 120 US	I Prince	George's	12b KIND OF	Md Md
		everly	Prince	George's G	en. Hosp	most of work ng	ife, even if retired)	INDUSTRY	AKING
	odmi 130	SUAL RESIDENCE (Where decease sisten) STATE MD	13k COUNTY	ence before 13c. CITY Corpe's Suit		HO [TT]	EET AND NUMBER 37 Keyston	e Lane	
T	14. F.	ATHER'S NAME First	Middle	Losi	IS. MOTHER'S MAIDEN NAME	First	M.ddle		Lost
L		WILLIAM		ANUEL	MARJORI	E		PEAC	CHER
1		WAS DECEASED EVER IN U.S. ARMI IS. NO. OF UNKNOWN 1 (1 yes give we	st or duter of removal		INFORMANT		Address		
ŀ		NO			OSLYN SHOLLE	NBERGER	SAME		¥13
1		 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED 	y one couse per line for (o).	(b), and (ϵ))				APPROXII BETWEEN O	MATÉ INTERVAL INSET AND DEATH
-1		IMMEDIA	TE CAUSE (a) <u>Acute</u>		infarct				
		Conditions, if ony, which gove	DUE TO, OR AS A CONS						
	H	rise to immediate couse (a), ((b) Hype DUE TO, OR AS A CONS		rdiovascular	disease			
- 1		stoting the underlying couse	(c)	EQUENCE OF					
1		PART 2 OTHER SIGNIFICANT CON		DEATH BUT NOT RELATED	O TRAFZIO IANIMATO THE OF	PEONDITION GIVEN	IN PART I/o)		
П	,				o the familiar property	KCONDITION OTTEN	m rakt 1(b)		
	AT ON	.90. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERA	TION WAS PERFORMED	20o. AUTOPSY?	20b. 1F	YES, WERE FINDINGS C	ONSIDERED IN CE	RTIFYING
ı	CEMTHRICAT			•	YES 🔯 NO [CAUSES	OF DEATH?		
		2 TO ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAJSE OF DEATH	B.0 01	Doy Yeor	IOW INJURY OCCURRED (En	ter noture of injury	in Port 1 or Port 2,	liem 18)	
	MEDICAL	(If either, notify medical examina	er) P.M.	19					
l		at work ol wark			OCATION Street or R.F.D. I		or Town	County	Stote
ı		22a. I certify that (X) (this saw the deceased al.	s haspital) attended t	ne deceased fram	May 11 , 19	0a ' to We	y 12 , 191	69, that	水(we) last
ı		causes stated abave,	ve an <u>Fray 12</u>	view the bady after	ia that in (2029) (aur) a death.	pinian death a	curred on the da	te and hour o	and from the
ı	ı	22b SIGNATURE		, , , , , , , , , , , , , , , , , , , ,			220 1	DATE SIGNED	
ľ		thun & Bi	utrlify	DEC	REE PHYS	MED. DIRECTOR	STAFF PHYS		
l		22d. PHYSICIAN'S NAME (Type) Tauis	Bentolila,	M.D.	22e. ADDRESS Prince	George 1	s Gen. Hos	sp.	
10	30	BURIAL, (REMATION, 23b D.		NAME OF CEMETERY O					/510101
ľ	B	REMOVAL (Specify) MA	4 15, 1969 "		ow Cem.	COLMAN	PRIN	(County)	(Stote)
	24 F	UNERAL DIRECTOR		ADDRESS	250 RECD	BY REGISTRAR	2Sb. REGISTRAR S		
	W	W. CHAMBERS	Co. RI	VEIZDALE	MD DATEMA	Y 1 9 191	58 Julian	read have	7



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1-	_		117411	DIVISION OF VITAL R	· ·		ORE, MARYLAND 21201	O MI
	/	It	em#> Film#G412	5/21/69 VDW	CERTIFICA	TE OF DEATH		07404
	主人公主	1. D	CEASED-NAME First		ıddle	Lost	20 DATE OF OEATH	2b. HOUR
	offer death	(1	Ype or print) The 1r	na 1	M. Sh	orter	Month Do	4.1969 M
	E 200	3. SI	X	4. RACE	S	DATE OF BIRTH	6 AGE (In veors	IF UNDER 1 YEAR JF UNDER 24 HRS.
`			Female	Cay.		Feb. 21, 19	109 lost birthday) YRS.	MONTHS DAYS HOURS MIN,
	by by aurs	7a	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNT	ORANIES .	MCARY MARKIED	COUNTY OF DEATH	
	the heart of in 72 th	CODI	Maryland	U.S.A.	WIDOWED X	DIVORCED [Prince George	e, Md.
	hin 24 filled i paper thin 72		ITY OR TOWN OF DEATH	11 NAME OF HOS	PITAL OR INSTITUTION (If not	in haspital 120 USUAL	OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	physician. physician. signed by the attending physician and cample by filled in signed by the attending physician and cample by filled in bland-transit permit. Then please remaye carban paper burial, crematian, ar remayal, and in any eyent, within 72		randywine	give street debre	Box 47	Hou	of working life, even if retired.) sework	NDUSTRY Domestic
	B B B	13 a.	USUAL RESIDENCE (Where deceorssion) STATE Md.	12k COUNTY		A COMPANY AND THE PERSON AND THE PER		
	comp comp			P.G.	Brand		100 2 2011	47
	and and rem	14. 1	ATHER'S NAME First	Middle		MOTHER'S MAIDEN NAME First		Last
	n al		John		ooke	Ali		Selby
	ie death certificate t attending physician permit. Then please ian, ar remaval, and	16a. Y	WAS DECEASED EVER IN U.S. ARI es, re. or unknown) (If yes give)	MED_FORCES? 16b_SOCIA		ORMANT	Address	
	rtifi phy en aval		NO ,		Je	anne Fox, L	a Plata, Md.	20646
	em e		18. CAUSE OF DEATH (Enter or PART I. OEATH WAS CAUSE	() "	t e	C		BETWEEN ONSET AND GEATH
	endi mit. ar r		PART I. OCATH WAS CAUSE IMMEDI	ATE CAUSE (a)	etastatie	ancer.		
	ath ath		1829	DUE TO, OR AS A CONSE		2.6.0		
	the trisit mat		Canditions, if any, which gove rise to immediate cause (a),	(0)	hystoceton	my of for lan	new of Utens.	
	trar crea		stoting the underlying cause	DUE TO, OR AS A CONSE	QUENCE OF		,	
·	aquires that the physician. signed by the burial-transit the burial, crematii		lost,	(c)		The Teacher Description	Increase Assets to a second of	
íš.	The law requires the attending physician, has been signed by se as the burial-train the priar to burial, cre.		PART 2. OTHER SIGNIFICANT CO	NOTITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OKCON	DITION GIVEN IN PAKE I(a)	
0	ding ding the	8	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERA	TION WAS DEDECTORIED	20o. AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
	The law ratending attending has been se as the h priar to	CERTIFICATION	170. DATE OF OPERATION 170.	CONDITION FOR WHICH OFERA	IION WAS PERFORMED	YES NO TO	CAUSES OF DEATH?	CONSIDERED IN CERTIFIING
	in the hard see that a	ERT	210. ACCIDENT WAS UNDERLYIF	NG 21b. TIME OF INJURY	21c HOV		oture of injusy in Port 1 or Port 2,	Itom 181
	IAN fical far far fre		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M Month	Doy Yeor	THOOK OCCURRED (CITIES A)	orgre ar injusy in Fort Car Fort 2,	, 116111 10-)
	rspir aspir terti hed t. al	MEDICAL	(If either, natify medical examination of the control of the contr	PLACE OF INJURY (AT HOME FA	RM, STREET, FACTORY 1 216 1000	ATION Street or RED No.	City or Tawn	County State
	by the haspital ar attending physician. by the haspital ar attending physician. fler this certificate has been signed by the attending physician and cample by filled in by be detached far use as the burial-transit permit. Then please remove carban papers. Be state Dept. af Health priar to burial, crematian, ar remaval, and in any eyent, within 72 flaurs.		While Not while at work at work	OFFICE BUIL	DING, ETC.	7	city of town	20011
	NG the er the deep date		22a 1 certify that (1) (th	nis haspital) attended th	e deceased from	10/2/1968	to 57/5/19	969 , that (I) (we) last
	AAT AAT B b b c St		saw the deceased o	live on	112/ 1969, and	that in (my) (our) opini	on deoth occurred on the d	1969 , that (I) (we) last ate and hour ond from the
-	ATTENDING etained by the CTOR: After I shauld be d vith the State		causes stated abov	e, (I) (we) (did) (did not)	view the bady ofter de	ath.		
	R A refr		22b. SIGNATURE	-19h	Down MD DEGREE	ATTENDING MED	. C STAFF C	DATE SIGNED 5/5/69
	DIR DIR		OO L DUWCKIAAFE	700	DEGREE	PHYS LZ DIRE	CTOR L PHYS. L	3/3/87
	May RAI Pe fe fe fe fe	1	22d. PHYSICIAN'S NAME (Type)	en N. Bhadu	ri		f. Maryland	20603
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defacted far use as the should be filed with the State Dept. of Health prior to	220			NAME OF CEMETERY OR CI		23d LOCATION (City or Town)	(Caunty) (State)
	Page dire	230		5-17, 1969			Suitland, M	
	E-5 /10	24.	FUNERAL DIRECTOR		ADDRESS	2So REC'D BY	REGISTRAR 2Sb. REGISTRAR	
	30M REV. 1		Huntt Funer	ral Home, Wa	ldorf, Md.	DATE	REGISTRAR 2Sb. REGISTRAR	view Judge.



. 3	- 1					D STATE DEPARTM			_	
1		07412	2	DIVISION OF VIT		301 W. PRESTON STEERTIFICATE OF		RE, MARYLAND 2120	07405	
er death. funeral 1 ond 2 ter deoth.		DECEASED-NAME (Type or print)	First Sanfor	d Yo	Middle kum:	Last Simmons	20	DATE OF DEATH	poy Yeor 18 69	2b. HOUR 8:00aM
the fur	3.	sex Male		4. RACE	cian	S. DATE OF BI	RTH 2, 1892	6 AGE (In years last birthday) 76		HOURS MIN.
4 hours	70 60	BIRTHPLACE (Stote or i	oreign i	76. CITIZEN OF WHAT C	OUNTRY?	8 MARRIED NEVER MAR WIDOWED NO DIVOR	K CU	DUNTY OF DEATH ince George's	3	Md.
within 24 ely filled i bon popes	10	city or town of DEA	TH	11 NAME (of Hospital or in	TITUTION (If not in hospitole's Gen. Hos	120 USUAL OC	CUPATION (Kind of work d working life, even if retired Car Mai	one 12b. KIND OF 8 INDUSTRY B. &c O	
physicion and completely en flease remove carbon ovol, and in ony event, w.	130	o USDAL RESIDENCE (Winissian) STATE Md	rere deceose	aved, if Institution		Brandywine	38 INSIDE CITY LIMITS? YES NO	Rte. 3 Box	R	_
y on y	/ 14	FATHER'S NAME F	irst	Middle	Lost	15. MOTHER'S MA	AIDEN NAME First	Midd	le	Lost
e be on a	1	E LIVE DECEMBER OVER	ethro	G.Simme		Magda	lena Pr	att		
ficati ysicie al, ar	10	o. WAS DECEASED EVER Yes, no. or unknown) NO	(If yas give war	O FORCES? 100.	. SOCIAL SECURITY		.N.Bing	Addre man Ranad	ss lywine .Md	
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death e hospital or attending physician. This certificate has been signed by the attending physician and completely filled in by the funeral stacked for use as the buriol-transit permit. Then please remove carbon papers Poggs I and Dept. of Health priar to buriol, cremation, or removal, and in any event, within 72 hattistater death		PART I DEATH 1550 Conditions, if any, wrise to immediate a storing the underly lost	WAS CAUSED IMMEDIAT thich gove ouse (o), ing couse	DUE TO, OR AS A (b) DUE TO, OR AS A (c)	CONSEQUENCE OF	of the right	ughter) (o oh W	in meta-tures	APPROXIM	LATE INTERVAL ISET AND DEATH
The atte	NULL	Av.b	196. CO	ONDITION FOR WHICH O	hewt pperation was per leutmy; Per	which the	Exporting No. 12	20b IF YES, WERE FINDII CAUSES OF DEATH? re of Injury in Port 1 or Po		RTIFYING
PHYSICIAN: The e hospital or afte his certificate hos stacked for use a Dept. of Health pr	APDICAL C	or contributing [CAUSE OF DEATH	HOUR A.M. M	onth Doy Year					
s PHYSIC the hospil this certi detached e Dept. of		21d INJURY OCCURR While Not while of work	EU Zie P	LACE OF INJURY (AT H	CE BUILDING ETC	TORY.) 21f. LOCATION Street	et of Kt.U No.	City or Town	County	State
by After Stat		22a L cortify th	at (1) (this ceased ali ed abave,	hospital) attende ve an	net) view the	ed from 3/26 964, and that in (m bady after death	y) (aur) apinian	, ta	, 19 <u>6</u> , that , ne date and haur a	(we) last and fram the
L OR A be reto DIRECT ge 3 sh		226. SIGNATURE	eniM	H Wilhe	In M:	DEGREE PHYS		OR STAFF	5 DATE SIGNED	9
O HOSPITAL OR ATTENI Poge 4 may be reformed O FUNERAL DIRECTOR: A director, poge 3 should shauld be filed with the	1		rede	rick H.W		M.D. 220 ADD	19 Julier	Poul; Che LOCATION (City or Town)	very Way	(Stote)
Poge direct	23	BURIAL, CREMATION, REMOVAL (Specify) Burial	1	-21-69		iouse Cemet		Rig.W.Va.	Hardy	(arole)
VR A15 [4] 30M REV. 17		FUNERAL DIRECTOR	() m	dia .	ADDRESS		MAY 2 2	1969 256 REGIST	RAR S. SIGNATURE	L
	1/	JIN WULKE 4	1 1 1/10	V11. V /20107 K.L	Kewser.	W. VA.	שאור ייי	- 1	1/ 1/	



·, I	It∢	ms 18&22a Film 416 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		07414 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07
HEALTH DEPT.		ECEASED-NAME First Middle Last Zo. DATE KNOWN Month Do	Y Year 2b HOUR
0¢ 0¢	1	(ype or Print) Annie Louise Simpson DEATH MATED \$\overline{\text{L}}\$ 5-25-6	9 111:00amu
and 3 and 3 M3. Pog	3 S	A RACE S DATE OF BIRTH 6. AGE (In years 15 UNDER 1 YEAR 45 UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d. HOUR
ny deloy is 2, and 3 to PM3. Poge	_	Female White 6-7-1914 54 YRS. 5	69" 19 12:17pm
EX S	7o caur	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
as a last	L	Md. U.S.A. WHOWER ET Prince George's	Md . KIND OF BUSINESS OR
Give Pages ong with far the System			Own Home
after de 8 Give F olong w with the leath.	13a	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d MSGE CITY LIMITS? 13e STREET AND NUMBER	Own Home
ours afte m 18 Gi fice alon nd2 with	a	The Prince George's dxon Hill YES NO 7891 Locust Lar	ie
hours Office And 2	14. F	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
ncil in the liner's Of		Alvin Lee Moore Blanche I.	Ball
thun 24 ancil in miner's pages house		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT	ilton Street
wif Exor Exor File	r	578 01 3592 Audrey E. Mercilliott Hyattsvill	APPROX MATE INTERVAL
In I		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY: Acute hepatitis	BETWEEN ONSET AND DEATH
Medin Peri		1/0) Due To, or as a consequence of	
be e ''pea lief linsit		Conditions, if only, which gove) and hemorrhagic pancreatitis	
ord ord e Ch		rise to Immediate cause (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sha e w o th buric		last (c)	
ICAL EXAMINER: This certificate should be executed within 24 hours after deatition. Execute the certificate, writing the word "pending" in pencil in Item 18 Give P≡ges 1, for. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm and for your files. CTOR: Page 3 should be used as a burial-transit permit. File pages Yand2 with the State Deutial, cremation, or removal and in any event within 72 hours, after? death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rtifiz rritiin vard ed a	No.	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
forv forv e us	CERTIFICAT ON	WAS PERFORMED?	YES TE NO
VER: This certificate, writhould be forwar lies. should be used should be used toon, or removo	CER	21a EXTERNAL CAUSE WAS 21b. Time OF INJURY Manth, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2, Item	1B)
INER: e certi should files. 3 shoul	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
	ME	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, white Not white factory, affice building, etc.)	County State
DEPUTY Cressory, please execute the funeral director. Page 4 may be retoined for your FUNERAL DIRECTOR: Page softh prior to burial, cren		AT WORK AT WORK	
AL exec		22o. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry , death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner	ond in my opinion
directo directo retoined or to b		death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	1
Teto di ioni ioni ioni ioni ioni ioni ioni		ACTUAL SIGNATURE ASSISTANT MED CAL EXAMINER 226 DATE SIG	NED
OUT)			-26-69
necessory, please the funeral direct S may be retoin. TO FUNERAL DIRE		NAME (Moe) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
5 ± 2 5 ± €	230	DEMOVAL (Search)	ounty) (State)
2	B:	unid 5/28/69 Et Lincoln Colmar Manor E	
VR ATSME (5)		FUNERAL DIRECTOR ADDRESS ADDRESS PROCESS ADDRESS ADDRESS ADDRESS PART SIGNARY S	Judge
10M REV 1/68		Tallets Gasell's John Dyallsville, Mu.	



• 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
5 FOR STATE	07415 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07408	
HEALTH DEPT.	1 DECEASED NAME First Middle Last 2a DATE KNOWN on Month Day Year	2b HOUR
	TIVOP OF PENTS	Mmq00
Page	3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years 1 F UNDER 1 YEAR 1 F UNDER 24 HRS 2C, DATE PRONOUNCED DEAD	2d. HOUR
2, and 3 ta PM3. Page	Male White April 2,1905 64 Yrs. Months DAYS HOURS Min. Month 170 69 99:0	Oram M
B	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	yo pazz m
the Ty delay is ges 1, 2, and 3 to 1 form PM3. Page are Department of	Country) Maryland U. S. A. WIDOWED DIVORCED Prince George's	Md
ath for the form	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in baseling 12g , S. A. OCCUPATION (Find of work days 12b KIND OF DIST	NESS OR
haurs after death flem 18. Give Pages 1, Office alang with farm 1 and 2 with the state De after death	give street address) Cheverly Prince George Hospital Cattle Farming Own Fa 30 USUAL RESIDENCE (Where deceased ived, if institution, Residence before 13c. CITY OR TOWN 13d IMSIDE CITY LIMITS? 13e STREET AND NUMBER	7770
Giv ang	30 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	A AM
s ale ale dec	odpiss on State Prince George's Upper Marlboro YES NO 1 2301 Largo Road	
hauss afte Item 18. Gi Office alan Iand2 with	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last	
	Albert Thomas Simpson Sarah Thomas	on
miner 24 pages haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes_go, or unknown) (If yes give wor or dates of sening) 16b. SOCIAL SECURITY NO 17. INFORMANT ABDRESS SAME 8.8	13-8
Pep File p	(Yes no or unknown) (If yes give wor or dates of service) Mrs. Charlotte L. Simpson Hagen-	13-6
ed in Fin	18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c)	INTERVAL AND GEATH
ruld be executed vard "pending" in the Chief Medical Backgransis permit of any event within	18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Multiple pulmonary emboli	
Me Me	3/9, DUE TO, OR AS A CONSEQUENCE OF	
be in principle in	rise to immediate cause (a). (b)	
e Cl	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed to ward "pending" is to the Chief Medical bund-transit permit in any eyent within	last. (c)	
This certificate shauld be executed within 24 icate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiners to be used as a burial-transit permit file pages or remayal, and in any event within 72 haurs	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifice tring arde	N N N N N N N N N N N N N N N N N N N	
wri wri Irwo nav	19b. CONDITION FOR WHICH OPERATION 20, AUTOPSY WAS PERFORMED?	
his of the formal forma	Subdural nematoma	NO 🗌
d by defined	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Item 18.) HOUR A.M.	
Cert cert aul les. shau Iran	S CAUSE OF DEATH - 1:24pm 5-2- 1969 Automobile accident	
The share and sh	21d INJURY OCCURRED 21e PLACE OF NURY (At home, form, street, 2-f LOCATION Street or R.F.D. No. (try or Town County fortory, office building etc.)	State
orcal Examiner: se execute the certification. Page 4 shauld had for your files. ECTOR: Page 3 shaul burial, cremation,	WHILE DAT WORK Rosaryville Road, Prince George County, Maryland	
Por for Italy	22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection 🔼, Inquiry 🔲, and in m	y opinian
Se pa parama	death resulted from: Natural coupes , Actident X, Suicide , Hamicide , Undetermined manner	
lired Sired Train tain	CHIEF MEDICAL EXAMINER	
olo olo	ACTUAL SIGNATURE ASS STANT MEDICAL EXAMINER 226. DATE SIGNED	
Sary F.	DEPUTY MEDICAL EXAMINER \(\sigma\) 5-19-69	
necessary, please execute the certificate shauld be executed within 24 necessary, please execute the certificate, writing the ward "pending" in papiliting the functal director. Page 4 shauld be farwarded to the Chief Medical Examiner 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit file pages Health prar to burial, cremation, ar remayal, and in any event within 72 haurs.	NAME (Type) John Kehoe ID Riverdale, Md. ADDRESS(Street, city, town, or county)	
5 = + ~ 5 ±	230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (SI	tote)
	Burial 5/20/69 Trinity Cometery Upper Marlboro Prode	Me.o.
P.	24 FUNERAL DIRECTOR 250 RECID BY REGISTRAR 256 REGISTRARS 5 GNATURE	
VR ATSME (5)	Ritchie Bros.Fun'l Home- Md. 20870: DAMAY 2 3 1969 (Charles)	•



1 07416	DIVISION OF VITAL RECORDS,	, 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH		07409
	First Middle ZABETH	SMITH	2a. DATE OF DEATH Manth 1 Doy	69 Yeor 1:30 M
remale	4 RACE Caucasian	s. DATE OF BIRTH 14 Jan 39	6. AGE (In years 3:0birthday) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
70. BIRTHPLACE (State ar fare countring ENNSYLV)	MIA U.S.A.	WIDOWED DIVORCED	9. COUNTY OF DEATH PRINCE GEORGES	S Md.
ANDREWS A		OW USAF HOSP during TH	OCCUPATION (Kind of work done	126. KIND OF BUSINESS OR INDUSTRY
13a USUAL RESIDENCE (Where admiss VIRGINIA	deceased lived, if institution Residence before	1	13e STREET AND NUMBER 8004 ASHBO	RO DR
JOSE			NA EVELYN	ETRO
16g WAS DECEASED EVER IN 1	S ARMED FORCES? 16b SOCIAL SECURITY 193~30~15	1		n # 13
Canditians, if any, which rise to immediate cou- stating the underlying last.	DUE TO, OR AS A CONSEQUENCE OF gave e (0), (b) A deno ca	ratosis	Colon ONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH 1-2mths 10mths
190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PE	ERFORMED 20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
OR CONTRIBUTING CAUSE	EOFORATH HOUR A.M Month Day Year P.M.	9	nature of injury in Part 1 or Part 2,	Item 1B.)
While Nat while at wark		21f. LOCATION Street or R F D. No.	City or Town	Caunty State
sow the deced couses stoted	(I) (t his hospital) ottended the deceos sed olive on A May obove, (J) (wy) (did) (aid pot) view the	19 69 and that in (my) (our) and	nion death accurred on the do	te ond hour and from the
22b. SIGNATURE	vol county	DEGREE PHYS L DI	ED CTACC	May 69
DAVI D'PE ROS	23b DATE 23c NAME OF	22e. ADDRESS MAI.COLM G CEMBIERY OR CREMATORY	ROW USAFHOSP A	NDREWS AFB (Caunty) (State)
REMOVA. (Spec fy) 24. FUNERAL DIRECTOR	5-5-69 ale	Sainte-Comitive	REGISTRAR 256 REGISTRARS	SIGNATURE
new Ch	amber 517-115	14. S.E. MAY	8 1969 Mensel	en leading.

AS ADVIAND CYATE DEPARTMENT OF HEALTH



		1			AND STATE DEPARTM				
0	10		ስካደተጠ	DIVISION OF VITAL RECOR			ARYLAND 21201	0.97.2.4	1.0
			111411		CERTIFICATE OF	DEATH		074	i da
	# = 5 #		EASED NAME First pe or print)	Middle	Last	20 DATE	OF DEATH	ν	26 HOJR P
	er death		Harve	у А.	Smith		May Month 20, Day	1969	9:40M
	ter ter	3 SE)	(4 RACE	5 DATE OF BI	型/5/1904	16 AGE (In years	IF JNOER I YEAR	IF UNOER 24 HRS
-	y the longers of the or of]	Male	Caucasion	XIV.	BXOF	iost by the ow)	MONTHS DAYS	HOURS Min
	hours Raurs	7a. Bi	RTHP_AEE (State of foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED TNEVER MAR	RIED 9 COUNTY	OF DEATH		
	~		RTHP_ACE (State of foreign ry) Va .	U.S.A.			Ince Georg	es	Md
	hin 24 filled pope thin 73	10 CI	FY OR TOWN OF DEATH	II NAME OF HOSPITAL O	R INSTITUTION (If not in hospital		ON (Kind of work done	126 KIND OF E	BUSINESS OR
	unpletely to ve carban event, with		iverdale,	give street address) E. Lela		. Steam	aguite even (ret red)	INDUSTRY	
	ent, cont.	13a L	ISUA, RESIDENCE (Where decease sign) STATE	ed hyed, if institut on Residence bef	ore 13c GTY OR TOWN		STREET AND NUMBER		
	country eve	OUITIS	Md.	VASA COUNTY P.G.	Landover	YES NO -	600 Annap	olis A	ve.
	executive remayer any ev	14. F/	THER'S NAME First	M-ddle Lo	1 IS MOTHERS MA	IDEN NAME First	Middle		Lost
	d in a g		Alonzo	W. Smith	R	oxanna		Doz	ier
	ertificate b physician nen please naval, and i	lóg Va	WAS DECEASED EVER IN J.S. ARM	ED FORCES? 16b SOCIAL SECUR	TY NO 17 INFORMANT		Address		
	Shys Val.	- 16	s, no, or unknown) (* yes give wi	229-10	-7630 406 hap	E. Smith Le .t. Mana	assas, Virgi	nia	
	he death ce e attending p permit. The tian, ar rema		18 CAUSE OF DEATH (Enter onl	y ane cause per line for (a) (b) and	(c))	/		APPROXIN	NATE INTERVAL
	ar re		PART I DEATH WAS CAUSED IMMEDIA	TE CAUSE (0) Cardi	De Attes	7			
	atte		his	DUE TO, OR AS A CONSEQUENCE	OF				
	the the sit partition and the		Conditions, if ony, which gove	(.)	o-Intestão	N2/03/2	edins	500	eys
	tha nr. by rans		rise to immediate couse (o), { stating the underlying couse(DUE TO, OR AS A CONSEQUENCE	OF . /	<u> </u>	/	4 17	/
	equires tha physician. signed by burial-tran burial, crer	Ш	ost	(c) 1-e14	netis, for	lertion		6 da	دلم
13	requires that the death certificate be g physician. n signed by the attending physician a e burial-transit permit. Then please r a burial, crematian, ar remaval, and in		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO BEATH B.	T NOT RELATED TO THE TERMINAL	D SEASE OR CONDITION G	VEN IN PART 1(a)		
0	nding been s the	雲し							
0	bing PHYSICIAN: The low requires that the death certificate be exempted the haspital ar attending physician. After this certificate has been signed by the attending physician and the bedeatched for use as the burial-transit permit. Then please remained the state Dept. at Health priar to burial, crematian, ar remayal, and in any state Dept. at Health priar to burial, crematian, ar remayal, and in any	CERTIFICATION	90 DATE OF OPERATION 196 (CONDITION FOR WHICH OPERATION WA	S PERFORMED 200 AUTOF		IF YES, WERE FINDINGS CO	INSIDERED IN CEI	RTIFYING
0	PHYSICIAN: The he haspital ar atterthis certificate has this certificate has elsoched far use a Dept. af Health pr		2 may 19690 a	istra-Fatestio	V J YES	NO K	SES OF DEATH?		
	AN: I ar rate ar u feal		TO, ACCIDENT/WAS UNDERLYING CAUSE OF OF ATH	1	21c HOW INJURY OCC	URRED (Enter nature of a	yury in Part T or Part 2, II	tem 18)	
	Pito pito de familia d		If either, notify medical examin	er) P.M	eor 19				
	has s ce sche sche		21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	FACTORY) 21f LOCATION Street	or R.F.D. No	ity or Town	County	State
	the the detection of th	0	While Nat while twark		0		_		
	IDING I by t After I be d		2 <mark>2a. I certify</mark> that (I) (the	s haspital) attended the dece	eased from 4	, 19 <u>.6 9</u> , ta <u>=</u>	20 may, 19	67 , that	(I) (we) last
	END led S: A Sid he	ы	saw the deceased al	ve and (did) (did nat)/view t	19 <u>G_7</u> , and that in (my	r) (our) apınian deat	accurred an the dat	e ánd haur a	nd from the
	ATI To ITO	l l	72k SIGNATURE	, (1) (we) (ala) (ala liai jiview i	ne body oner dedin.		1 22- 0	ATE S GNED	
	OR SECOND	1 1	The on u	1/2/2/20	DEGREE PHYS	G K) MED DIRECTOR		2-0.6	5
	N P P P P P P P P P P P P P P P P P P P	}	2d. PHYSICIAN S	meeur	22e, ADDR		2 PRD C14		
	RAI BE PITA		NAME (Type) Thomas	M. Hutchins		5 Lander	C+ Rd. HL	13468	illend
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar tall.	23a	BURIAL CREMATION, 236 D		OF CEMETERY OR CREMATORY		TION (City or Tawn)	(County)	(State)
	Page of the state		REMOYAL (Specify) 5	f 1.	Lincoln Cemeter		idensburg. M	anita na	(3.0.0)
	0.0	24 F	UNERAL DIRECTOR Obert		ESS Home	25a REC D. BYERE STRAR	CO 25b LONGHARTE	JONAL ME	100
	VR A15 401	43	08 Suitland Ros	ad. S.E Suitla	11 Hame nd, Md., 20023	25a REC D BY RECOSTRAR		0 0	
	11 2 4	-							



•M	1					DEPARTMENT OF				
10	לימ	418	DIVISION OF			ESTON STREET, BAI		ARYLAND 2120		
*					CERTIFICA	ATE OF DEATH			0741	1
942 lb.	1. DECEASED-NA (Type or pri	n+1		Middle		Lost	2a. DATE	OF DEATH Month	Day Year	2b. HOUR
deoth. neral ond 2 deoth		"" Cla		D.	PART PROPERTY AND ADDRESS OF THE PARTY AND ADD	peight		5 -	27-1969	60 M
ther there	3. SEX	_	4. RACE			S DATE OF BIRTH		6 AGE (in years last buthday)	F JNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
hours of the second	Fem			asian		12-20-10		58	YRS.	FROOKS AGE
24 hours after deoth. 24 hours after deoth. 26 in bethe uneral pets. Tage I and 2 72 hours offler deoth.	country)	E (State or foreign	7b. CITIZEN OF WH			NEVER MARR ED	9. COUNTY			
in 24 illed ii paper hin 72	North	Carolin			MIDOMED			ce Geor		Md.
ed within plerely fille carbon po ent, within		RDALE	give s	ME OF HOSPITAL OR IN: treet address) LELAND A		CDITA during	most of works	ON (Kind of work d ng life, eyen if retur EVE	ane 12b KIND OF	F BUSINESS OR
ecuted within 24 h completely felled in ove carbon papers y event, within 72 h	13a. USUAL RE odmissian) S Mary	SIDENCE (Where deceas IATE I an d	ed lived, if institute 13b COUNTY Prince	an: Residence befare e George	13c CITY OR 1	TOWN 136, INSIDE CON	LIMITS? 13e.	STREET AND NUMBE	enwood F	load
and compression of any even	14. FATHER S N		Middle	Last	15	MOTHER'S MAIDEN NAME	First	Midd		Last
be n ar		Jonas	C.	Dilda		Al	meda		Ki	illebr <mark>e</mark> v
requires that the death certificate be executed within 24 to physician. I signed by the ottending physician and completely filled in the burial transit permit. Then please remove carbon papers burial, cremation, or removal, and in any event, within 72	16a. WAS DECI Yes, no. or i	ASED EVER IN U.S. ARM Inknown) (If yes give w	NED FORCES? ar or dates of service)	578202		MESL.SF	DIGH]	RELTSV		ST.
e death certifn ottending phy: permit. Then p on, or removal	18 CAUS	E OF DEATH (Enter an	y one couse per l'n	e far (a), (b), and (c))	4			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
eaff endii nit.	PAR	T I DEATH WAS CAUSED IMMEDIA) BY ITE (AUSE (a)	ACUTO	E My	OCARDIAL	/NET	HECTION	29	DAYS
ottendi permit.	. 4	1	DUE TO OR A	S A CONSEQUENCE OF					1.114/	12
the the mating		is, if airy, which gave) immediate cause (a).	(b)	CORO	NARY	ARTERY	7156	FASC	UNI	KNOWN
that tl an. by the transit cremat	stating 1	he underlying couse	DUE TO, OR AS	S A CONSEQUENCE OF						
physician. signed by burial fran	last	,	(c)							
ng ph ing ph een sig he bu		OTHER SIGNIFICANT CON	IDITIONS CONTRIBLE	NG TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OF	ELLC T	VEN IN PART 1(0)		
The law re attending has been se as the th prior to	190. DATE	OF OPERATION 196.	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		IF YES, WERE FINDII SES OF DEATH?	IGS CONSIDERED IN C	ERTIFYING
th a set	RTIFE					YES NO [M			
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ATTENDING PHYSICIAN: etained by the hospital or CTOR: After this certificate should be detached for unth the State Dept of Heology.	While C	ot work				ATION Street or R F.D. N		ity ar Town	County	Stote
IN ther there is the state of t	22a 1 e	ertify that (I) (thi	s haspital) <u>at</u> te	nded the decease	ed from 2	-9 APR. , 19 thot in (my) (our) o	(9 , to_	27 MAY	, 19 <u>.69</u> , tho	(I) (we) last
TEND Inned OR: A ould I the S	ca 201	w the deceased a uses stated abave	ive an ,(I) (we)(did)(did nat) view the	9 <u>.07</u> , and bady after de	thot in (my) (our) o eath.	pinton deat	n occurred on th	e date ond hour	ond from the
OR ATTENION DE retained DIRECTOR: A should ed with the	22b SIGN	ATURE ()	Jour	our	DEGRE	ATTENDING PHYS	MED DIRECTOR	STAFF	22 DATE SIGNED 2 7 MA	4 1969
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept of Healt	22d. PHY NAA	SICIAN'S NE (Type)	1. Hou	MANN	M.I	22e. ADDRESS	RIVE	RDALE	"CM	
HOS loge 4 FUNI directo	230 BURIAL, C		MAY 196	23c. NAME OF	CEMETERY OR C	REMATORY GARDEN	23d. LOCA	TION (City or Town)	. CAROLI	(State)
	24 FUNERAL D	74- 30	1VINY 176	MANAGER	LYTEIN ,	1250 DECT	BY REGISTRAR			
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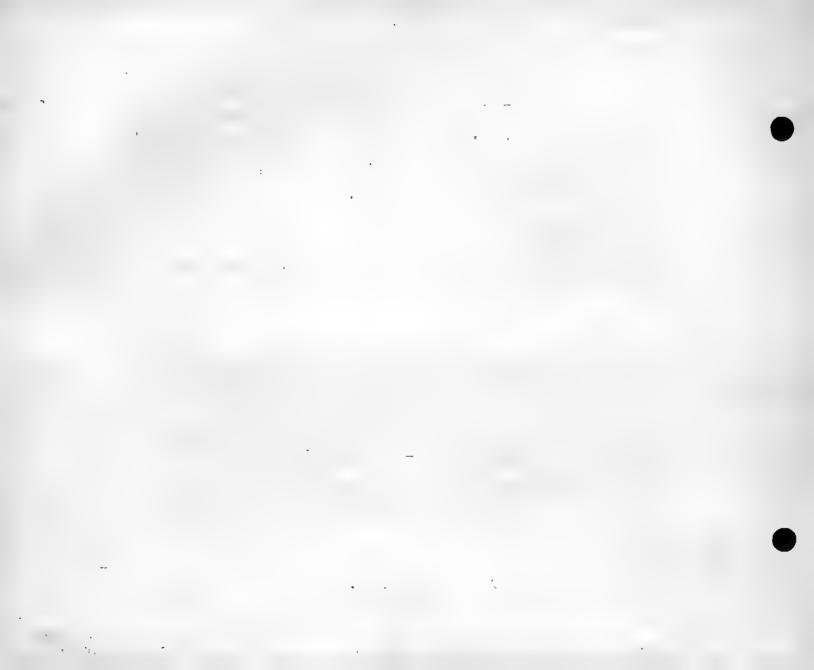


Q. 1				NU SIAIE DEPAKIMENI UF		
E.		07419	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		07110
5 2 5		ECEASED NAME Fire	st Middle	Lost Lost		07412
death. ineral and 2 death.		vne ar mint)		_	20 DATE OF DEATH Month Doy	Year S (S) P
5 5 5	3 5		Va NMI	Spengler S DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
ins after deat	L	temale	WAITE	9/7/93	last birthday) 75 YRS	MONTHS DAYS HOURS MIN.
hau ya	7o cou	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24 Per Per 72		" V / / ·	I VISA	WIDOWED DIVORCED	Prince George's	6 Md.
within within boar po	7	Of town of DEATH Cheverly	111 NAME OF HOSPITAL OR give street address) Prince Geo	INSTITUTION (If not in hosp tal 120. US during	UAL OCCUPATION (Kind of work done most of working life even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
nplete carb	130.	USUAL RESIDENCE (Where dece	osed lived, if institution. Residence before 13b. COUNTY	e 13c CITY OR TOWN 13d INS DE CITY	. 4 TS2 136. STREET AND NUMBER	
con con con says	-	Marylance ATHER'S NAME FIRST		Lannam	- 0212 Princess	Garden Pkwy
ond and and and and and and and and and a	[4	FATHER'S NAME WITT	AM E. D'GR	AY 15. MOTHER'S MAIDEN NAME	Bowles	e
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death be retained by the hospital or attending physician. IRECTOR: After this certificate has been signed by the attending physic an and campletely filled in by the inneral e. 3 shauld be detached far use as the burial transit permit. Then please remave carban papers. Agges and a shault the state Dept If Health priar to burial, crematian, ar removal, and in any event, within 72 haurs other death	160	WAS DECEASED EVER IN U.S. A. es, no jorunknown) (1 yes gw	RMED FORCES? Sylon dates of Service, 213-48		PRINTZ Address	
rer mov		18. CAUSE OF DEATH (Enter	only one couse per line for (a), (b) and (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
aath ndir iit. or re	1	PART I. DEATH WAS CAUS	SED BY. DIATE CAUSE (0)	& Heart tarker	al .	DETWEET ONSIC PART DERET
ante		11/	DUE TO, OR AS A CONSEQUENCE A	OF .		
t th the sit p		Conditions, if any, which gove		of attended are		
tha an. by tren		rise to immediate couse (a) stating the underlying couse	DUE TO, OR AS A CONSEQUENCE (· 0	a hr.	
res /sidi		iost	1 (c) Kestytitie	Mew weather to	- Viceuse melosto	>-
The law requires the aftending physician. has been signed by se as the burial trail in priar ta burial, cre		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE LERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(o)	
lart train	CERTIFICATION	190. DATE OF OPERATION 191	ONDITION FOR WHICH OPERATION WAS	PERFORMED 20o. AUTOPSY?	20b IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
The atternation has the property of the proper	員			YES NOX	CAUSES OF DEATH?	
or ate		210. ACCIDENT WAS UNDERLY		21c HOW INSURY OCCURRED (Ent	er noture of injury in Port 1 or Port 2, I	tem 18.)
A Pital	MEDICAL	OR CONTRIBUTING CAUSE OF OR (If either, notify medical exon	ATH HOUR AM Month Doy Yenniner) P.M.	भ । 19		
OR ATTENDING PHYSICIAN: be retained by the hospital or DRECTOR: After this certificate e 3 should be defacthed far u and with the State Dept inf Heath	₩		e. PLACE OF INJURY (AT HOME FARM, SYREET, OFFICE BUILDING, ETC.	FACTORY.) 215 LOCATION Street or R.F.D. N	o City or Town	County State
ING 1 ter 1 ter 2 e d 1 tate	П	22a. I certify that (I) (t	his hospital) attended the deced	sed from 1-2-69 , 19.	4 to 19	, that (I) (we last
R ATEND retained brecorn as should be with the S	L	saw the deceased	alive an 5 - 3 ve (1) (vse) (did) (zizk zoz) view th	_19 🚾 and that in (my) (awf) a	plan death accurred an the dat	te and haur and fram the
R AT SECTOR 3 Ship with with with with with with with with		226 SIGNATURE	1	ATTENDING (ATTENDING	TAFF STAFF 12255	AT SIGNED
D P P P P P P P P P P P P P P P P P P P			Us 2 W	DEGREE PHYS	DIRECTOR PHYS	
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld be filled with the		22d PHYSICIAN'S NAME (Type) Aa	aron Deitz, M.D.	22e. ADDRESS East-West	Highway, Hyattsv:	ille, Md.
HO.	230	BURIAL, CREMATION, 236	DATE 23c NAME C	F CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		BURIAL N	1AY6, 1969 1= T.	LINCOLN CEM	BlAdeNSBURG	Md.
Robers AV	24	FUNERAL D RECTOR	INERAL HOME	2 So. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S	
45M - 1169	Ľ	I ANHAM.	MARYIAND WO	My 17 Real MAY	7 1989 Michaela	o freday



-/-/	07420 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	. 1 9
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	619
HEALTH DEPT.	1 DECEASED NAME Fish Middle Last 2g DATE KNOWN Month D	ogy Yeor 2b HOUR
. w [e] w.	(lype or Print)	69 1911:00am
defay and And fimen	3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years 1 F UNDER 1 YEAR 1 IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
y de and PM3 artme	Female White 6-22-1917 51 YRS MONRIS DAYS HOURS MIN Month Day	69 19 4 : 00 om M
2, Pl	7a BRTHPLACE (State or foreign 7b CHIZEN OF WHAT COUNTRY? 8 MARRIED 9 COUNTY OF DEATH	07 17 A.: OODM
J. m. n. o.	Canada U.S.A. WIDOWED DIVORCED Prince George's	Md.
h for	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITA. OR INSTITUTION (If not in hospito) 12a USUAL OCCUPATION (Kind of work done 17	26 KIND OF BUSINESS OR
after death St. Give Pages along with far with the State	Cheverly gve street address) Cheverly 2800 Crest Avenue Housewife	Own Home
Give the the the the the the the the the th	Cheverly 2800 Crest Avenue Housewife 13a LSUAL RES DENCE (Where deceased lived, finishiption Residence before 13c CITY OR TOWN 13d. IMSIDE CITY LIMITS? 13e STREET AND NUMBER	Own Home
3 8/L	odmusson) STATE LIBE COUNTY George's Cheverly YES NO 2800 Crest Av	renue
hin 24 hours, after death any deland in them 18, Give Pages 1, 2, and niner's Office along with farm PM3 pages I and 2 with the State Departmentours after death	14 FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	Last
4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	William Cowan Lola	Chilton
if in the same of	160. WAS DECEASED EYER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	Cilitton
ithii mir	(Yes, no, or unknown) (If yes give wer or dates of service)	
executed within anding in pencil I Medical Examiner t permit. File page int within 72 hours		APPROXIMATE INTERVAL
ithii.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hanging	BETWEEN ONSET AND DEATH
xec din dein per t w		
per	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave	
Z de Grand	rise to immediate cause (a). (b)	
should word the Ch	storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
少 幸富 · · · · · · · · · · · · · · · · · ·	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
INER: This certificate should be executed within 2 to certificate, writing the word "pending" in pencil 1 should be farwarded to the Chief Medical Examiner files 3 should be used as a burial-transit permit. File page nation, at remaval, and in any event within 72 hour	TO THE SOME CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
W THE STATE OF THE	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in July in Part 1 or Part 2, Hem	20 ALTOPSY?
fary fary	WAS PERFORMED?	YES NO X
INER: This certificate, writes should be farwar files 3 should be used nation, or removal	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of in Jry in Part 1 or Part 2, Item	
auth auth	PR MARY—TOR CONTRIBUTING HOUR A M. 5-27-69 Hung self at home (AUSE OF DEATH 1:00am 5-27-69 Hung self at home 21d NURY OCCURRED 21e PLATE OF NURY (At home form street 21f, OCATION Street or R.F.D. No. (ity or Town)	
sho file 3 sh	21d NJURY OCCURRED 21e PLACE OF N.JRY (At home, form, street, 21f OCATION Street or RFD No City or Town	County State
AM e the the dur	21d NJURY OCCURRED WHILE AT WORK AT	,
please execute the cert please execute the cert I director. Page 4 should retained for your files. DIRECTOR: Page 3 should or to burial, cremation,	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry ,	and in my course
CAL exe d for initial	death resulted fram: Natural causes	and in my apinian
Brech REC		J
di d	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	CNED
RAI Pr	STOTISHTONE STOTIS	-28-69
esso fun fun ith	EXAMINER'S NAME (Type) John Kehoe I-D Riverdale, I-id. ADDRESS(Street, cty, town, or county)	20 0/
TO DEPUTY BICAL EXAMINER: The necessory, please execute the certification the funeral director. Page 4 should bis may be retained for your files TO FUNERAL DIRECTOR: Page 3 should Health, prior to burial, cremation, or	7 701111101100 110 1111101101101	County) (State)
	23d BURIAL, CREMATION, REMOVAL (Specify) Burial 5/29/69 Ft. Lincoln Colman Manor	
^	24 FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 25b, REGISTRAR 5 SIG	
VR A15ME (S)	Francis Gasch's Sons Hyattsville, Md. DATEJUN 2 1965	an finda
IDM KEY, IVOP	Francis Mascu S Done Hyand Ville, Mide	

MAKTLANU STATE DEPARTMENT OF HEALTH



- 1			MARYLAN	D STATE DEPARTMENT OF	HEALTH	
7	1	07423	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
£	•	07465		CERTIFICATE OF DEATH		07414
	4 24	1 DECEASED NAME First	Middle	Lost	2a DATE OF DEATH	2b. HOUR
	death.	(Type or print) Jame.	s M	Thomas	MAY Month 13 De	oy Year M
	fun 1 er e	3 SEX	4. RACE	5 DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
	the funeral ages I and suffer death	MALE	White	JUNE 17 1	896 last birthday)	MONTHS DAYS HOURS MIN.
	by P	70 BIRTHPLACE (State or foreign country)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	d in pers	VIRGINIA	U.S.A.	WIDOWED DIVORCED	HINCE GEORE	
	requires that the death certificate be executed within 24 hours after death sphysician. I sphysician. I signed by the attending physician and completely filled in by the funeral surial-transit permit. Then please remove carbon papers—Pages I and a burial, crematian, ar remayal, and in any event, within 12 is after death a burial, crematian, ar remayal, and in any event, within 12 is a strength of the surial control of the surial contr	10 CITY OR TOWN OF DEATH Cheverely	11. NAME OF HOSPITAL OR IN give street oddress) FRINCE GEO	during r	BAL OCCUPATION (Kind of work done mast of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
	d with tarban carban int, with	13p. USUAL RESIDENCE/(Where deceps	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY		77070
	ate be executed with ician and completely lease remove carban and in any event, with	odmission) STATE	136-COUNTY GEORGE'S	Hyattsville YES 1	10 56.00 Mone	ine Street
	equires that the death certificate be executed physician. Signed by the attending physician and comburial-transit permit. Then please remover burial, crematian, ar remayal, and in any experient.	14. FATHER'S NAME First	M ddle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Lost
	be n au	T.	E. Thom		A	MORRISON
	sicia Sicia Seas	160. WAS DECEASED EVER IN U.S. ARA Yes, no, or, unknown) (If yes give in			Address	
	phys an produced and produced a	No -	Grands of service) 578 03 9 c	863 Julia M. Thon	nas same	45 Above
	ing The	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	y one cause per line far (o), (b), and (c)	1/1/2		APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
	endi mit. arr	PAKT I DEATH WAS CAUSED	TTE CAUSE (a)	Thrombosis		48 hours
	that the death certific ian. by the attending physi transit permit. Then pi crematian, ar remaval,	4330	DUE TO, OR AS A CONSEQUENCE OF	1		14
	the the nsit mat	Canditions, if any, which gave trise to immediate cause (a)	(b)	claroso, Cerebral		Hay
0	equires the physician. signed by burial-trar burial, crei	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	ela in Barden)0 ~
D	uires ysic gne gne rrial		IDITIONS CONTRIBUTING TO DEATH DUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION CIVEN IN PART ALS	-1-
III)	ICTAN: The law requires pital ar attending physici rifficate has been signed of far use as the burial-af Health priar ta burial,	Blacker, Herry		ma seemdin Chion		inay Get
3.4	law randing been s the iar ta	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
No. No.	The law re attending has been se as the th priar ta	19a. DATE OF OPERATION 19b.		YES NO P	CAUSES DE DEATH?	
	N: The ar aff of the last of t			21c. HOW INJURY OCCURRED (Ent	ter nature of injury in Part 1 or Port 2	, Item 18.)
	CCAN ital o ifficat ifficat af He	OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical exami	H HOUR A.M. Month Day Year ner) P.M. 1			
	TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us shauld be filed with the State Dept. af Healt			TORY.) 21f. LOCATION Street or R.F.D. N	a. City or Town	County State
	the this this deto	Traine Ital wille				10
	by the Stat	22a. I certify that (I) (th	is hospital) attended the deceas	ed from 25 ///ay , 19 9 2, and that in (my) (our) or	63, 10 /3 May 1	967, that (1) (we) last
	END ned R: A uld the	saw the deceased a	live an (did) (did net) view the	hady after death.	Dinion death occurred on the d	ote and hour and from the
	ATT Stair St	22b signature	7(1) (110)(110) (110)		220	DATE SIGNED
	OR De re	Jeh T. Bren	man & MD	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	3 May 69
	AL D	23d. PHYSICIAN S		22e. ADDRESS	-	
	O HOSPITAL OR ATTENIC Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the	NAME (Type)				
	HO Ege FUN haul	230 BUR AL, CREMATION, 23b.	1 . 1 /	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	5	BREMOVAL (Specify) 57	16/1969 Ft. LIN	coln Cemetery	ColMAR MAN	
	· VR ATSYM	24. FUNERAL DIRECTOR	ADDRESS	MGY	BY REGISTRAP 69 256 REGISTRAR	2 BIGNARIES - SAR
	30M REV VISE	NALLEYS FUNDER	crome MIX KAII	VICTE, MA DATE	2 0 10 10	U. V

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	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
				7415							
	after death.		1. PLACE OF DEATH a. COULTY This are Grand STATE 1. PLACE OF DEATH a. COULTY This are Grand STATE Washington April Ounty	e befare admission)							
			b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Clinton C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carparate limits, write RURAL and give write RURAL and give nearest town)								
	hin 24 h filled in papers ithin 72 h	10	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Pine Visin Gardens Horth Core Control 1349 Harvard St. N. W.	e IS RESIDENCE ON A FARM? YES NO							
	a death certificate be executed within attending physicion and completely from please remove carban ion, or removal, and in any execut, with	'	DEATH	Day Year 19 6 9							
	execution of country and count	2	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. BATE OF BIRTH No. WIDOWED DIVORCED 7. Married 1. St. Divorced 1. St. Divorc	Days Hours Min							
	ote be kion or leose n		during most of working life, even if retired) INDUSTRY Clinton, B. Carolina (Ol	IZEN OF WHAT UNTRY?							
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	death uttendir ermit. n, or re		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Terry mathews 436 w. 6: Washing for	t. N. W							
	hat the n. y the cansit presention		IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH							
18	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or ottending physicion. • FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, the should be filled with the State Dept. of Health prior to burior, cremotion, or removal, and in any exerct, within 72 has		Canditions, if ony, which gove nse to immediate cause (a), (b) Concerning insufficiency								
1/1	law reinding i been s is the brior to b		stoting the underlying couse (c) DUE 10 type lensure Vaccalor aslens Center	YZQOTILA ZAW 91							
	N: The or otte or otte has a country or otte has a country or otte of the otte	X	PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF PART I(a) 20a ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFE MEDICAL SYMMINE)	19 WAS AUTOPSY PERFORMED? YES NO							
	raspital certific thed fa		20a ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 20d. INJURY OC	15 3							
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	TTENDI ained to TOR: Af nould b		21 I certify that (I) (this hospital) attended the deceased from 1967, to 1967, to 1967, to saw the deceased alive an 1967, and that death accurred 1966 M, from causes and an the 220. SIGNATURE								
	LOR A be ref DIRECT gge 3 shilled with		22c. PHYSICIAN S 22c. PHYSICIAN S 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS	IE SIGNED							
	O HOSPITAL Poge 4 may O FUNERAL I director, page should be fil	/	NAME (Type) FILE FLOD & CLINTON, MIL	(County) (State)							
	F - F		BURIAL 5-17-69 HARMONY PIE. LANDOVER	(COUNTY) (STOTE) GNATURE							
	VR A15 (4) 25M 1/67	May P	Roll. NS_INC. 4339 HUNT Pl. N. E. D.C MAY 19 1969 years	1 10 2 2							



	1			AND STATE DEPARTMENT		
	li	7423	DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21:	201
•	Ľ	1440		CERTIFICATE OF DEA	TH	07416
4 24		CEASED-NAME Firs	t Middle	Last	2a. DATE OF DEATH	2b. HOUR
er daath. funerol 1 ond 2	(ype or print)			Month	Doy Year 19 1969 12:50A
b l	3 5	r Flige	enia <u>I</u> 4. RACE	etitie Tirendi	May 6. AGE (In ye	
of the late	١.				last birthday	MONTHS DAYS HOURS MIN.
Poge /		emale	White	12-24-90	78	YRS.
100 d		BIRTHPLACE (State ar fareign intry)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
d in d		Italy	U.S.A.	WIDOWED X DIVORCED	Prince George	Md. Md.
ATENDING PHYSICIAN: The law requires that the deoth/certificote be executed within 24 hours after distanced by the hospital or ottending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbon papers. Eager I and should be detached for use as the burial, cremation, or removal, and in any event, within 72 hospital death with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hospital death		ITY OR TOWN OF DEATH	g ve street oddress)	ďu	a. USUAL OCCUPATION (Kind of work	done 12b KIND OF BUSINESS OR
d wiff letely corbon nt, wif		Cheverly	Prince Geor	ge's Gen. Hosp.	rng most of working ite, even it re Housewife	_
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exe exe any	14	ATHER'S NAME First	Middle Lo	st 15 MOTHER'S MAIDEN N	IAME First Mi	ddle Last
be on in		Micha	el Cand	Ldo	Mary	Ganci
and an	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECU	RITY NO 17 INFORMANT	Add	ress
	1		wat at dates of service;	Mary T. K	earney - above	address
(Ex 455 8	-	No			aughter)	APPROXIMATE INTERVAL
in the man		PART DEATH WAS CAUS	anly one cause per line for (a), (b) on	100		BETWEEN ONSET AND DEATH
end end or		IMMED	DIATE CAUSE (c) TLUTE	Dillminuy embi	MI , DILUMLI	Minufe
ne deotl attendi permit. ion, or r		400X	DUE TO, OR AS A CONSEQUENC	E ['] OF	,	
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dw drinding or t	É		b. CONDIT ON FOR WHICH OPERATION W.	AS PERFORMED 20g AUTOPSY		DINGS CONSIDERED IN CERTIFYING
ds ds /	1 SE	-		YES 🔽	NO CAUSES OF DEATH?	You
# 2 4 8 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CERTIFICATION	21o. ACCIDENT WAS UNDERLY	ING 216. TIME OF INJURY		(Enter nature of injury in Part 1 or	Post 2 January 183
AN AN COLUMN		FOR CONTRIBLTING FICAUSE OF DE	ATR HOUR A.M Month Day		(chief hardle of injury in Fan 1 at	ron z, tieni io.;
Did it is	MEDICAL	(If either, notify medical exon	niner) P.M.	19		
P P P P P P P P P P P P P P P P P P P	2.5	21d. SNJURY OCCURRED 21d While Not while	e. PLACE OF INJURY (AT HOME FARM, STRE	ET, FACTORY) 21f. LOCATION Street or R.	F.D. No. City or Town	County State
be Determine		DI MOLK OF MOLK		1-16		64
N N N N N N N N N N N N N N N N N N N		22o. I certify that (I) (t	his hospital) attended the dec	eosed from	, 19 (sq., to_5) / 19	, 19 <u>_64</u> , that (1) (we) lost
A P A P A P A P A P A P A P A P A P A P					or) apinion deoth occurred on	the date and have and from the
File & Safe			ve (I) (we) (did) (did not) v.ew	the body after death		
A THE SHAME		226 SIGNATURE	ACCEPT THE MAINTE	A L. ME ATTENDING IT	MED STAFF	22c DATE SIGNED
OR DIRE		L TY eu	RAICKI KINANIM	DEGREE PHYS.	MED STAFF DIRECTOR PHYS	1 5/14/64
A NI Code		22d. PHYSICIAN'S		22e ADDRESS /	71/1 1 /110	Dant- C. M.
E	1	NAME(Type) 3Fre	derick H. Wilhelm	n (319 Lm/VVR	Hood, thereby Med
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 moy be retained by the hospital or ottending D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	23a	BURIAL, CREMATION 236	DATE 23c NAM	E OF CEMETERY OR CREMATORY	23d LOCATION (City or Tow	
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·	24	FUNERAL DIRECTORNALLE			REC'D BY REGISTRAR 2Sb REG	ISTRAR'S SIGNATURE
VR A15 (4) 30M REV. 1768		Home Inc.	y's Funeral	Mt Rainier, 250 DATE	JAY 2 3 1969 /C	liarles Judges
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1	ı			YLAND STATE DEPAR			
A	П	07424	DIVISION OF VITAL REC	CERTIFICATE (MARYLAND 21201	07417
- 2:	10		First Midd			ATE OF DEATH	Let water
death nerol and 2 deoth.		Ype or print)			20. 0	Month Doy	Yeor 2b HOUR
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by the fur Poges 1	1				7	last birthday)	MONTHS DAYS HOURS MIN.
a sa	70	Female BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	July	28, 1893	75 YRS.	
ho ho sin k	£00	itry)		MAKKIED T WEAEK	22/00/05/2	TY OF DEATH	
led appear	10	ashington D.	C. U.S.A.	WIDOWED C	DIVORCED Pr	ince Georges ATTON (Kind of work Jone	Md
requires that the death certificate be executed within 24 hours after death g physician. In signed by the aftending physician and completely filled in by the funeral e burnal-transit permit. Then please remove carbon papers. Pages I and a burnal-transit permit.	I		give street oddress)	·	ldur na most of wa	rking life, even if refired)	126 KIND OF BUSINESS OR LITTLE TO BE
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Te age //	odm	ssion) SIAIE	13b. COUNTY		YES T- NOT	26 SIKEEL AND MAMPEK	
S O O	14	Maryland ATHER'S NAME First	Pr. Geo.,	Lost IS. MOTHER	'S MAIDEN NAME First	5305 Chespes	ke Road
and rem						M ddfe	Lost
te brand	160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 1166 SOCIAL SE	CURITY NO 17 INFORMANT	Elizabet	hAddress	Ward
e deoth certriicate bu attending physician opermit. Then please on, or removol, ond ii	Y	es, no, or unknown) (17 yes g	give war or dates of service)		•		(111)
ph hem		no I			E. Tolson	same as #13	(husband)
# # #		PART I DEATH WAS LA	only one cause per line for (o), (b).	ond (c)	1A.		BETWEEN ONSET AND DEATH
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e al		Conditions, if ony, which go	DUE TO, OR-AS A CONSEQUE		who were	21-100	[n. 1]
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S the local state of the state	NOIT	199-DAJE OF OPERATION 1	19b CONDITION FOR WHICH OPERAT ON		ALLALA CILLER	Ob IF YES, WERE FINDINGS CO	SECULTORA III CENTROVINO
The law in attending has been se as the h prior to	CERTIFICATION	5/12/64	Inkerinal Obital	9 -		AUSES OF DEATH?	MAINTERED IN CERTIFIEND
N: T or or or use h	CFR	210. ACCIDENT WAS UNDER		(114)		f injury in Part 1 or Part 2, It	h 10.)
File Signature of the second o	MEDICAL	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M Month Day	Year	occorred filler value o	i enjury in Pari i de Pari 2, ii	iem ib.j
YSI asp cert cert hed	MED	(If either, notify medical exc 21d. INJURY OCCURRED 2		TREET, FACTORY, 21f. LOCATION	Street or P.E.D. No.	City or Town	County State
OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate is 3 should be detached for t ed with the State Dept. of Hea		While Not while					•
NG V th Ferriter de d		22a. certify that (1)	(this hospital) attended the d	erensed from	19/10/10	5/14 10/	do that #1 (wa) last
ND Sid by		saw the deceased	(this hospital) attended the distance and a live an ave, (4) (we) (did) (did not) vie	1960 and that in	(my) (aur) apinian de	th accurred an the dat	e and haur and fram the
Son ding		causes stated abo	ave, (4) (we) (did) (did not) vie	w the bady after death.			
OR A be ret be ret be ret be ret be ret be ret be 3 st ed will be ret be a st ed will be ret		22b SIGNATURE	(1) 11 hall		NDING MED	STAFF 22c D	ATE SIGNED A
of be		22d. PHYSICIAN S	ale H Wilheli	DEGREE PHYS	DIRECTOR	PHYS L	1/14/61
MD)		NISSAN AT A	ederick H. Wilhe		ADDRESS IN INC.	11. 15.	1 1 1 1 Acres 11
OSF B 4 JNE cror	220			LINE OF CEMETERY OR CREMATOR	65, Um/10	Try Ar 1 Jr.	n: 1 Prairie
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected as well as the state of the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and condirector, page 3 should be detached for use as the bunal-tronsit permit. Then please remoshould be filed with the State Dept. of Health prior to burial, tremotion, or removal, and in any	230	SEMOVA (Spec fy)		ashington Nat		CATION (City or Town)	(County) (State)
		FUNERAL DIRECTOR		DDRESS	250 REC'D BY REGISTR	AP OCH DECICEDADE	TICMATURE.
VR ATS 44	F	rancis Gasci			DATE MAY 19	1999 7	Ph. Go May 318-
45M 1489	_F	rancis Gasc	h's Sons Hyatts	ville, Md.	DATE WILL I J	1303	6 0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07418 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I DECEASED NAME First Middle 20 DATE KNOWN Month (Type or Print) ESTI-DEATH MATED \$ 5-13 19 6:15 pm Alice Treleaven 4 RACE IF LINDER 1 YEAR F UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX S DATE OF BIRTH 6. AGE (n years 2d HOUR 196:30pm M White 3-30-1893 YRS Female 7a. BIRTHPLACE (State or foreign 7b CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED K DIVORCED [7] KENTUCKY Prince George's 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPAT ON (Kind of work done 126 KIND OF BUSINESS OR during most of working life even if retired) INDUSTRY Andrews Air Force Base Hosp. Suitland 130 USUAL RESIDENCE (Where deceased I yed, functivation, Residence hefore 13c CITY OR IOWN 3d NSIDE CITY LIMITS? 13e STREET AND NUMBER YES 😡 NO 🗀 Washington 6200 Oregon Ave. N.W. ofter and. 14. FATHER S NAME First Middle 15. MOTHER S MAIDEN NAME First M ddle TRAMPTON CNKNOWN haurs UNKNOWN be farwarded to the Chief Medical Examiner's 16b SOCIAL SECURITY NO. 17 INFORMANT be executed within (Yes, no of unknown) 340-14.8336 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease over 10 Conditions, if only, which gove rise to immediate couse (a). word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1601 writing remayal, a 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO 🗺 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of 'njury in Port 1 or Port 2, Item 18.) 3 should Б HOUR A.M. PRIMARY OR CONTRIBUTING crematian, SICAL EXAMINER: CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R F.D. No. C ty or Town County State foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 3 Inquiry and in my opinion death resulted from: Natural causes 🔀 ... Accident 🖊 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5-74-69 DEPUTY MEDICAL EXAM NER DC 5 may b O FUNER Health **EXAMINER'S** ADDRESS(Street city town, or county) NAME (Type) Riverdale. 230. BURIAL CREMA NAME OF CEMETERY, OR CREMATORY 23d LOCATION (Gty or Town) (County) (Stote) PD. 11 LAND FUNERAL ADDRESS REGISTRAR'S SIGNATURE VR A15ME (S

MARYLAND STATE DEPARTMENT OF HEALTH



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	1		07426	DIVIS	SION OF	VITAL RECORDS,				MORE, MA	RYLAND 21	201	7419	
	,						ERTIFI	CATE OF D	EATH			,	1.470	
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	5 P 2 2	3. S		4. R/	ACE			S. DATE OF BIRT			6. AGE (In ye	ors		F UNDER 24 HRS.
	司 化		Female		Wh	ite ·		May 16	5, 188	2	Sort birthou	YRS.	MONTHS DAYS	HOURS MIN.
	24 hours ad in the last of the	7o. cou	BIRTHPLACE (State or foreign ortry) Penna.	75. CITI	ZEN OF WH	AT COUNTRY? *	B. MARRIED WIDOWED	NEVER MARRIE	EN .	Princ	f DEATH e Georg	ge's		Md
	fill fill this		Cheverly			ME OF HOSPITAL OR INST MC열어영문orge					N (Kind of worl life, even if re		126 KIND OF BI	JSINESS OR
		13o odm	USUAL RESIDENCE (Where d	eceosed lived	d, if institut COUNTY INCE	on Residence before George *s	13c CITY OF		ES NO		TREET AND NUM		1 Drive	,
	and co		FATHER'S NAME First		Maddle	Lost	1	s. Mother's Ma ₂ D	EN NAME Fire			ddle		Lost
	be and a contract of the contr		Mart	in		Rahm			Mart	ha 🕹			Cor	ılter
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	eath certif	F		er only one c	ause per l'r					Marin S.			APPROX MA	TE INTERVAL ET AND DEATH
	at in	1	18. CAUSE OF DEATH (Ent PART DEATH WAS C	AUSED BY: MEDIATE CAUS	5E (a)	Massive G.	I. B1	eeding					J. WILL GAS	CI HILO OFFITI
	de de litter n'i o	Ш	535V		v (n)	S A CONSEQUENCE OF								
,	the chip of the ch		Conditions, if ony, which g	ove)		Acute Gast	ritis	associa	te wit	h gra	nulomat	ous		
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13	ysic ysic med rial-		PART 2 OTHER SIGNIFICAN	CONDITIONS	(c)	TING TO DEATH B IT NO	T DELATED T	O THE TENANTA P	NICLACE ODCO	AIDIT ON CIV	TRE IN CART 1/a		1	
	required by the control of the contr	2	PAKI Z UIHEK SIGNIFICAN	[CONDITIONS	2 CONTRIBO	TING TO DEATH BUT NO	E KELAIED I	O THE TERMUNAL L	JISEASE ORCO	MUITON SIV	EN IN PAKT I(O)			
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	ar a		210 ACCIDENT WAS UNDE	R.YING 2	TIME OF		21c. F	OW INJURY OCCUP		nature of m	ury in Port 1 or	Port 2, It	tem 18.)	
	Pital Pital of Fe	MEDICAL	OR CONTRIBUTING CAUSE O	xominer)	HOUR A.M. P.M.	Month Day Year 19								
	G PHYSICIAN: the haspital ar this certificate detached far u	38	21d INJURY OCCURRED While Not while of work			AT HOME, FARM, STREET FACT OFF-CE BUILDING ETC		OCATION Street			y or Town		County	State
	by the		22a. I certify that (I	(thisches	pital) qite	ended the decease	d from	mv 1	L, 19_6	. fo_	Bry 14	, 19_	09', that (l) (we) last
_	ITENDING ined by th OR: After 1 auld be di		saw the decease causes stated a	od alive ar Bove, (I) (1	nn	ended the decease (did hat) view the b	ady after	d that in (my) death.	(001 4) abıu	ian death	accurred an	the dat	re and hour a	nd fram the
	OR AI		22b. SIGNATURE	m	A A	ethne	L _{DFG}	REE PHYS	DIR DIR	D. RECTOR	STAFF PHYS.	22c. D	PATE SIGNED /	9
	PITAL OR may be ERAL DIR		22d. PHYSICHAN'S NAME (Type)	Leonar	d P.	Appel, M.D	•	22e. ADDRE 3231	ss Super	rior L	ane, Bo	wie,	Md. 20	715
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low repage 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the shauld be filed with the State Dept. at Health priar ta	230	BURIAL, CREMATION, REMOVED (Specify)	23b DATE 5-2	1-19	69 West	EMETERY OF	R CREMATORY.	etern	23d .OCAT	ion (City action	vn)	(Ohis	(State)
	VR A15 (4) 30M REV 1/68	24	W. W. Chan	nbe	rs	OB . Ruer	del	3,914	SO RECID BY	registrar 2 0 19	69 25b REG	STRAK'S	SIGNATURE	e :



	1	1	6 by 8 6 69	DIVISION OF VITAL RECORDS,	301 W. PRESTON STR							
,	'	1	17427		ERTIFICATE OF I			428				
	nours after death.		ECEASED NAME First Type ar print)	Middle lwood G. Valentine	Last	2	2a. DATE OF DEATH Month Day	Yeor 25. HOUR				
	fun fun fun fer d	3. S		4. RACE	S. DATE OF BIR	RTH .	6. AGE (In years III	UNDER YEAR OF UNDER 24 HRS.				
	after a state of the state of t	1	1	V	July 1	19, 1886	last birthday) MC	DATHS DAYS HOURS MIN.				
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	CIAN: oifal or fificate d for u	MEDICAL CE	21o. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, not fy medical examin	TH HOUR A.M. Month Day Year		URRED (Enter no	iture of injury in Port 1 or Port 2, Ites	n 1B.)				
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	RECTO		22b. SIGNATURE -	I wild & N - was			STAFF C	TE SIGNED				
	TO HOSPITAL OR ATTEN Poge 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		22d. PHYSICIAN S NAME (Type)	2.00-00-00-00-00-00-00-00-00-00-00-00-00-	22e ADDR		IUR - FRI)					
	OSP 3NEF ctor, uld	20-	BURIAL, CREMATION, 23b.	DATE 22, MAME OF	CEMETERY OR CREMATORY	12	3d. LOCAT ON (City of Town)	(Caunty) (State)				
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		24.		F. Wilhel Fuller	I Hone	25a REC D BY R	EGISTRAR 25b. REGISTRAR S SI	GNATURE				
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07421 CERTIFICATE OF DEATH I DECEASED-NAME First Middle 2b. HOUR a Last 2a. DATE OF DEATH requires that the death certificate be executed within 24 hours after death Month 1 2 (Type or print) 69 Year HARRY FREDRICK VOLKMAN MAY 1140 4 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lest birthday) IF UHIOER 1 YEAR IF UNCER 24 HRS. QAYS Male Caucasian 5 Jun 1898 3 should be detached for use os the burial-tronsit permit. Then please-remove carbon papers. Pa with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours completely filled in by 7o. BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH Washington DC U.S.A. DIVORCED [PRINCE GEORGES WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR the ottending physician and completely fi sit permit. Then please remove carbon **INDUSTRY** ANDREWS AFB USAFHOSP 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e, STREET AND NUMBER FORESTVILLE NO 8304 DONNELL PL #C-5 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Harry Volkman Susan Benson 160 WAS DECEASED EVER IN U.S ARMED FORCES? 165. SOCIAL SECURITY NO 17 INFORMANT YES, no, or unknown) I (It yes give war or dates of service) 577-40-9549 Wife same as item # 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Cardiac arrest BETWEEN ONSET AND GEATH signed by the ottendir burial-tronsit permit. Minutes DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) (b) Severe pulmonary insufficency 1 Month nse to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Metastatic CA of lung and be retoined by the hospitol or attemling physician. stoting the underlying couse (chronic obstrutive emphysems PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Severe arteriosclerosis generalized Page 4 may be retained by the hospital or attemling O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING undiagnosed pulmonary CAUSES OF DEATH? 24 Apr 69 YES 🔽 NO [no 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) or contributing cause of DEATH (If either, notify medical examiner) HOUR A.M. Month Doy Year 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No. 21d. INJURY OCCURRED City of Town County State While Not while at work 22a. I certify that \$\pi\$) (this haspital) attended the deceased from 8 Apr , 19.69., ta 12 May, 19.69., that \$\pi\$) (we) last sew the deceased alive on 12 May 19.69, and that in (mg) (our) apinion death occurred on the date and hour and from the courses stated above, (* (we) (*d) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS 12 May 69 DEGREE DIRECTOR 22e ADDRESS MALCOLM GROW USAFHOSP ANDREWS AFB FLAX, CAPT USAF 23g BURIAL REMATIONX X 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) X REMOVAL (Specify) X Arlington Natl. May 16-69 Cemetery, Arlington, Walker 250 FE D BY RECUSTRA 69 256, REGISTRAR'S S GNATURE ADDRESS 24 FULFRAL DIRECTOR BEACH Wash. VR A15 (4) Simmons Bros. 1661-Gd. Hope Rd. SE.DC 30M REV. 1/68



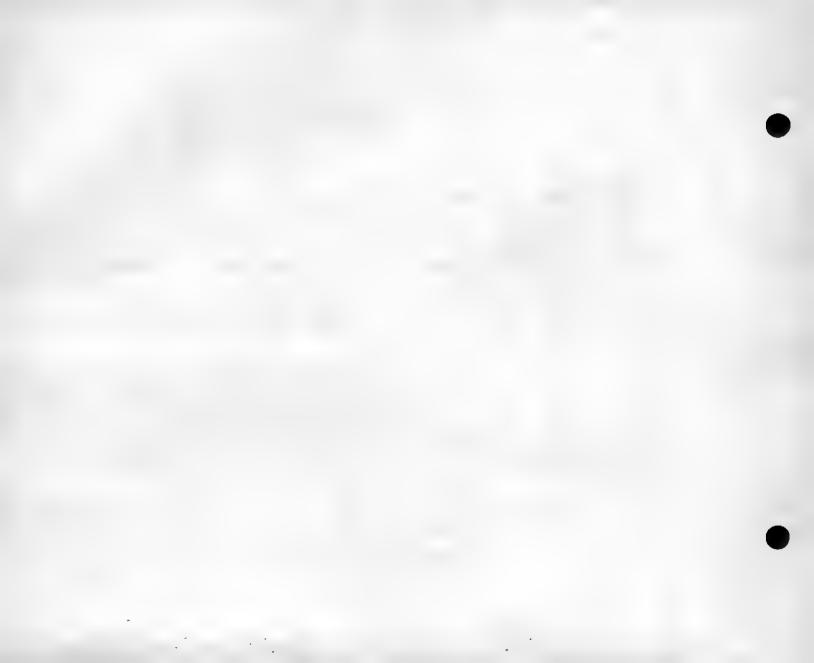
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			LAND SIAIL DEPARTMENT OF		
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TEND ined b ould b	saw the dece couses state	cased alive on 18 May. d obove, (I) (we) (did) (did nat) view	ceased from 18 May, 19 1969_, and that in (my) (eur) or the body after death.	opinion death occurred on the	date and hour and from the
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 shauld be a should be filled with the State	22b SIGNATURE	urton SAN	MD ATTENDING DEGREE PHYS.		28 DATE SIGNED 18 May 1969
AL D	22d. PHYS.CIAN S			alcolm Grow USAF	
A m A m VER, tar,		JRTON SACK, MD		AFB,_Washington,_	
O HOSPITAL Page 4 may O FUNERAL director, pag should be fil	230. BURIAL, (REMATION, REMOVAL (Specify) BUTIAL		e of cemetery or crematory esurrection Cemetery	23d LOCATION (City or Town) Clinton, 11d	(County) (State)
VR A15 PA	24. FUNERAL DIRECTOR	ert E. Wilhelm Fune nd Rd., S.E., Suitlan	PRESI Home 2Sa. RECT	D BY REGISTRAR 2Sb. REGISTRA	AR'S SIGNATURE
SOM REV LOS	4303 Suitla	nd Rd., S.E., Suitlan	11, Md., 20023 PAY	22 1969 Pelian	Vay Judge.

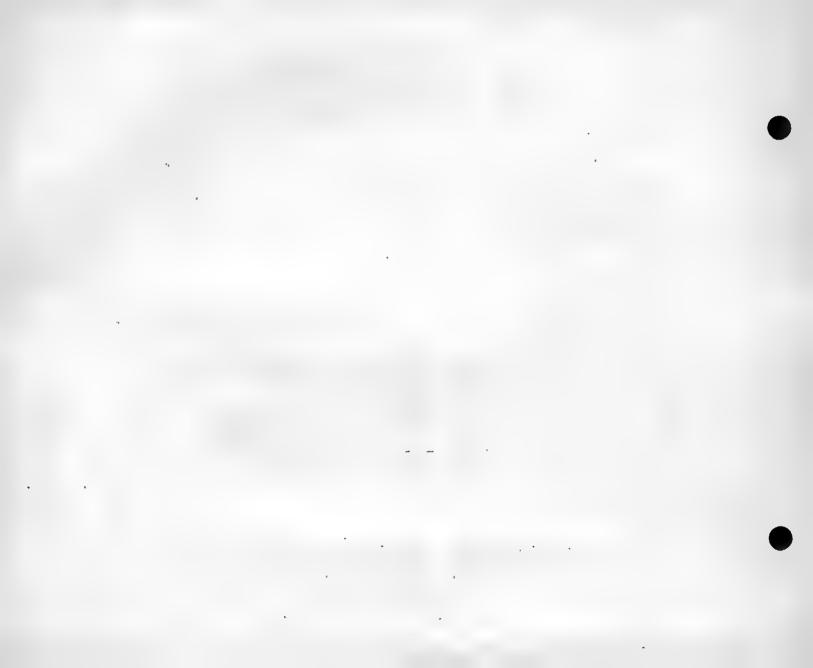


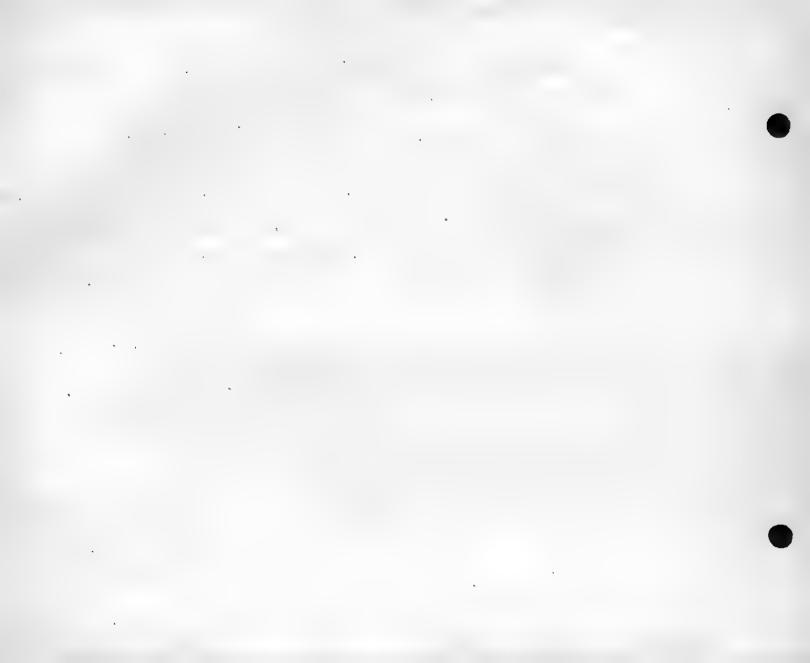
Т	07432	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET CERTIFICATE OF DE			7425	
1.		irst Middle	Lost	2a DATE OF	DEATH		2b. HOURA
L	(Type or print) SHEL	TON L	WHARTON	MAY	Month 30 Do	69 Yeor	8:15 M
3	MALE	A. RACE NEGRO	5. DATE OF BIRTH	100 1927	6. AGE (In years last buthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
70 cq	SIRTHPLACE (Stote or foreign unitry) Maryland	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED				
10	CITY OR TOWN OF DEATH		WIDOWED DIVORCED NSTITUTION (If not in hospitol	PRINCE 120 USUAL OCCUPATION		12b. KIND OF	Md.
	ANDREWS AFB	nive street address)		AIR FORC		INDUSTRY AIR	FORCE
13 ad	o USUAL RESIDENCE (Where decomission) SATE MARY LAND	eosed lived, if institut on. Residence before PRINCE GEORGE®S	13c CITY OR TOWN (3d. I	NSIDE CITY LIMITS? 13e ST	REET AND NUMBER 6-7 LOUISA		
14	FATHER S NAME First	Middle Lost	IS. MOTHER'S MA DEN	NAME First	Middle		lost
1/	CORPUS O WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b SOCIAL SECURITY	NO 17. INFORMANT	nour-	Address		
ľ		eve war or dates of service) 218-20-		W. Konto	- Agrilless	00	ノ3
	18. CAUSE OF DEATH (Enter	only one couse per line for (a), (b), and (a))			APPR OXIA	NATE INTERVAL HSET AND DEATH
	PART I. DEATH WAS CAL	USED BY EDIATE CAUSE (a) ACUTE MYC	CARDIAL INFA	RCTION WI	TH CHE AL	ND 1	2 HRS
	Conditions, if only, which gov	DUE TO, OR AS A CONSEQUENCE OF	F				
	rise to immediate couse (o	b).((b) BHOCK	:				
L	stoting the underlying cous	20	ARTERY DISEA	SF.		E VI	EARS
L	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT I			IN PART I(o)		A.1.3
2	5						
CEDTIGICATION	190, DATE OF OPERATION	96. CONDITION FOR WHICH OPERATION WAS P		CALIETT	YES, WERE FINDINGS OF DEATH?	ONSIDERED IN CE	RTIFYING
CEBTI	210. ACCIDENT WAS UNDER	YING 21b TIME OF INJURY	YES	NO CAUSE	y in Part 1 or Part 2	Itam 19 \	
MEDICAL	OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M. Month Doy Yeo	19	rs (ruid) violate or alla	y 41 FOR F 0 F 011 2,	116111 10-1	
MED	21d. INJURY OCCURRED 2 While Not while of work		ACTORY.) 21f. LOCATION Street or	R.F.D. No. City	or Town	County	State
		(this haspital) attended the decea	sed from 29 May	_, 19 <u>_6_9_,</u> to_3	0_May_, 19.	69 , that	(we) lost
	sow the deceased	(this haspital) attended the decear I alive on 30 May ove 10 (we) bid) (did not) view the	19 69 , and that in (n y) (c	our) opinian death i	ccurred on the do	ote and hour o	and from the
	22b SIGNATIONE	1/2-	ATTENDING	C MED C	22c.	DATE SIGNED	
	Lant of	with	DEGREE PHYS	LJ DIRECTOR LJ	PHYS & 31	May 6	39
	DATVID ROS	SENTHAL MAJ USAF	MC MAI.COL.	M GROW US	AT HOOD	AMDDELIC	APD
23		Ib DATE 23c. NAME OF	CEMETERY OR CREMATORY		N (City or Town)	(County)	(Stote)
É	GREMOVAL (Specify)	6-7-69 Mix	Gior Come ?	ere sin	w Hill	Which.	,,
	FUNERAL DIRECTOR	ADDRES.	S 1 8 250	REGIÓ BY REGISTRAR	25b REGISTRAR'S	SIGNATURE	
10/	11 . 11/1 . 1 . 1/10 -	1500.21:- ~// //	111111111111111111111111111111111111111	WELLEN TO SO	L EUR (77 M / 49 m)	SEPRESE VICE	97

MAKILAND STATE DEPARTMENT OF REALTH



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	07426
HEALTH DEPT.	I OECEASED-NAME First Middle Lost 20 DATE KNOWN Manth Day Year 2b HOUR-
× 2 5 5	Nellie 2. €. Tike DEATH MATED 5-1-69 19 amm
and 3 m3. P	S. DATE OF BIRTH 6 AGE (In years 15 UNDER 1 YEAR 15 JOHN S MIN MONTHS DAYS HOURS MIN MONTH 5 OGY 1 Year 1969 1:05
	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) AND OF THE PROPERTY OF THE
of for John ()	Organia Coll. and an analysis and an analysis and an analysis and analysis analysis and analysis analysis and analysis and analysis and analysis analysis and analysis analysis and analysis
offer deoth 3. Give Pages blong with for with the Stote eoth.	10. CITY OR TOWN OF DEATH Cheverly 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of warking life, even if retired) 120 USUAL OCCUPATION (K not of wark done during most of warking life, even if retired) INDUSTRY
	130 USUAL RESIDENCE (Where deceased lyed, if institution Residence before 13c CITY OR TOWN 13d INSDECTIVELIMITS? 13e STREET AND NUMBER admission) STATE Virginia 18b COUNTY Henry Bassett YES NO Rt. 3
hours Office land 2 after d	14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Last
2 2 2 2	Elige RAKES Gladys Blevins
pendidin pendidin miner s ie poges 72 hours	16a. WAS DECEASED EVER IN U.S. ARMEO F ORCES? (Yes, no, or unknown) (If yes give wor or detay of service) 228 28 0308
The second secon	
be executed "pending" in nief Mad cal E. Dasit permit. F event within	PART I. DEATH WAS CAUSED BY.
execution making the per per the two to the	8/2/ IMMEDIATE CAUSE (a) STROCK OUE TO, OR AS A CONSEQUENCE OF
	Conditions, if any, which gave (b) Burns 3rd degree 50% of body surface 13 hrs
should e word o the Ch nunol-tro	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
ate she variate the variation of the the cand in	los1.
C 2' 4 W	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
This certificate, writing be forward be forward to usad or removal	196 CONDITION FOR WHICH OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 210 I ME OF INJURY MONTH, Day, Year 21c HOW INJURY OCCURRED (Enter not se of Julian in Part 1 or Part 2 them 18.)
This cate, be for the formula	YES NO 21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter not are of injury in Part 1 or Part 2, item 18)
海市 等 1	PR MARY FOR CONTRIBUTING HOUR ADDRESSED FOR IN THE PLACE OF INJURY OCCURRED 12 In PLACE OF INJURY OCCURRED 12 In PLACE OF INJURY (At home form street) 21f 10f At ON Street of R.F.D. No. 10 Charles of April 10 States
= 8 × + 8 = .	The state of the s
EXAMINER: ute the cert age 4 should ge 4 should your files. Page 3 shauld, cremition,	while and while at work at work at work at work of the building, etc.] Rt 495 at Rt 214, Prince George Co., Md.
- e - e e /	220 I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my opin on
Sico es es crar. C	death resulted from: Notical couses , Accident . Suicide , Homicide , Undetermined monner
directors of the part of the p	ACTUAL CHIEF MEDICAL EXAMINER C
ury, ple erol di be reti kat Di	SIGNATURE ASSISTANT MEDICA. EXAMINER TO DATE SIGNED
TO DEPUTY DICAL EXAM necessory, please execute it the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S NAME (Type) John Kehoe, H.D., Riverdale, Md. ADDRESS(Street, city, town, or county)
5 5 5 E	23a BURIA., CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (State)
	Bourne 5/3/1969 HEWRY Memorial Cardons Com Brossett Henry Virginia
VR A15ME (5)	24 FUNERAL D RECTOR ADDRESS 250 REC O BY REGISTRAR S SIGNATURE
10M REV 1768	MALLEYS FUNERAL Home Mt RAINIER Mal MAY 5 1969 Chanter Judge





- :			BD444			E DEPARTMENT U					
		07435	DIVISIO	N OF VITAL RECORD		PRESTON STREET, BA		RYLAND 2120	01	742	©
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feath.	(1	ype or print) Herr		wicese		Windsor	20. DATE O	Month	ı ^D 8ÿ	1969	2b HOUR
- Same	3 51		4 RACE			S DATE OF BIRTH					9:20 ME
afte of the		Male		olored				6 AGE (In years last birthday)	MONTH		HOURS MIN
Z Z Z Z	70	BIRTHPLACE (State or foreign		Of WHAT COUNTRY?	8	03-01-15	9. COUNTY OF		YRS.		
ho in t	េក្សា	itry) ·	_	S.A.	WIDOW	D NEVER MARRIED 🚰 DIVORCED			. I.a		
Illed Sape		ITY OR TOWN OF DEATH	<u> </u>	11 NAME OF HOSPITAL OR			ISUAL OCCUPATION	e George		VIII OF O	Md.
ely fill		Cheverly		give Fired address) Ge	orge 's	Gen. Hosp.	most of working	life, even fretir	ed) IN	b KIND OF BU Dustry	DIME22 OK
requires that the deoth certificate be executed within 24 hours after death, a physicion. signed by the attending physicion and completely filled in by the funeral burnal-tronsit permit. Then please remove corbon papers. Pages and 20 burial, cremation, or removal, and in any event, within 72 hours after death	13o admi	USUAL RESIDENCE (Where de ssion) Mary land	ceased lived, if	nstitution. Residence before	re 13c CITY	OR TOWN 3d MS.DEC	NO 13e S	REET AND NUMBE	R		
T CO	-	ATHER S NAME First		ddie Losi		15 MOTHER 5 MA DEN NAM		Midd	lo		Last
an du	(larence	1 N J	- M		T1 1-4-11	1 1				rasi
cion	160.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURI	TY NO. II	7. INFORMANT	le Mai	Addre			
al, o	Y	es, na, ar unknown) (If yes	ive war or dutes of ser	vice)		Marion Spence	10 F	1 7000	33		
cert S pt		18 CAUSE OF DEATH (Ente	only and cause	nos lina for (a) (b) and	(41)	The state of the s	40			APPROX MAT	E INTERVAL
# dir		18. CAUSE OF DEATH (Ente PART 1 DEATH WAS CA IMW	JSED BY	, massive I	ulmona	ırv edema			-	BETWEEN ONSET	T AND DEATH
dec tren rmi		IMN				cardiac fa	ilumo				
the de t pe de		Conditions, if an which go	ve)	D, OR AS A CONSEQUENCE	Uh	cararac ra	TTUIE				
y #		rise to immediate couse (a). (1	D, OR AS A CONSEQUENCE	or .	-					
まで も ま で も ま に に に に に に に に に に に に に		stating the underlying cau	Se Dot 1	o, ok as a consequence	Ur						
hysi gne uria uria			CONDITIONS CO.	NTRIBLITING TO DEATH RU	NOT RELATED	TO THE TERMINAL DISEASE O	DECUME FION CINE	M IN DART 1/a)			
Page 4 moy be retained by the hospitol or ottending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use os the burnal-tron, should be filed with the State Dept. of Health prior to burial, cre-		William William Brown Control	2010	The second secon	HOT KELFTED	TO THE TERMINAL DISEASE O	DR COIRD HOR OTHE	a ta chici i(o)			
ndir bee s th ior 1	CERTIFICATION	19g DATE OF OPERATION	9b. CONDITION F	OR WHICH OPERATION WAS	PERFORMED	20a AUTOPSY?	206 iF	YES, WERE FINDIN	NGS CONSIDE	PED IN CEPT	IEAING
otte	IFIC					YES 🕞 NO	CALISES	OF DEATH?		ALD IN CERT	I TINO
salt s		21a. ACCIDENT WAS UNDER	YING 21b 1	TME OF INJURY	210	HOW INJURY OCCURRED (E	_	ry in Port I or Po	rt 2 (tem 1)	g 1	
PH PH	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF (If either, natify medical ex	DEATH HOUR	A.M. Month Day Ye	CL 10	(20			2, 110-111	r-1	
thed ot. o	MED	21d INJURY OCCURRED	The PLACE OF IN	JURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	FACTORY.) 21f	LOCATION Street at R.F.D.	No City	or Town	Cou	m².u	State
Del		While Not while of work		OFFICE BUILDING ETC	7 211	Section Single W. K. C.	City	0. 10381	(00)	4	11016
ate		22a. certify that (1)-	(this basnital) attended the decor	sed from	4-10-6 10	69 to	5-10	10 / 9	that (I	helium last
e St		22a. I certify that (1) saw the deceased	d alive an_s	5-10-69	_19	ind that in (my) (our) o	pinion death	occurred on th	e date an	id hour an	d fram the
lood th		causes stated ab	ove, (I) (we)	(did) (did not) view th	e bady afte	r death.				_ 11001 01	W 14 W 11 11 11 11 11 11 11 11 11 11 11 11 1
T S S		22b. SIGNATURE		1/1-	> .	ATTENDING	MED.	STAFE	22c DATE SI	IGNED	
Page 3		det In	3112	1/1/2/1	clean	GREE PHYS LEL	DIRECTOR -	STAFF PHYS			
AL POC		22d PHYSICIAN'S NAME (Type) Dr. F	ri naman	Longoria	M D	22e. ADDRESS	1 -				
To FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and addrector, page 3 should be detoched for use os the burial tronsit permit. Then please remong should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any		Want (tabe) DT. 2 L	T Cal UO		M.D.	6001 Land	dover Rd	. Chever	ly, M	<u>d.</u>	
rec hou	230	BURIAL, CREMATION, 2:	b. DATE		OF CEMETERY	R CREMATORY	23d LOCATIO	ON (City or Tawn)	(Cou	inty) ((State)
200		TWULLY	May 15	169 Brook	55 Ch	· Cemetery	Notting	ham, F	1.620.	ma	1
VR A15	24	FUNERA. DIRECTOR	1	ADDRI		n 4 44.50	By REGISTRAR 2	R9 256 P456	RAR S SUSNA	Tarda	E.
45M - 1/0924	_/	Wartell Le	dans	- Le-que	2200	mid, DATEMI.	1 11/1/10	4		00	

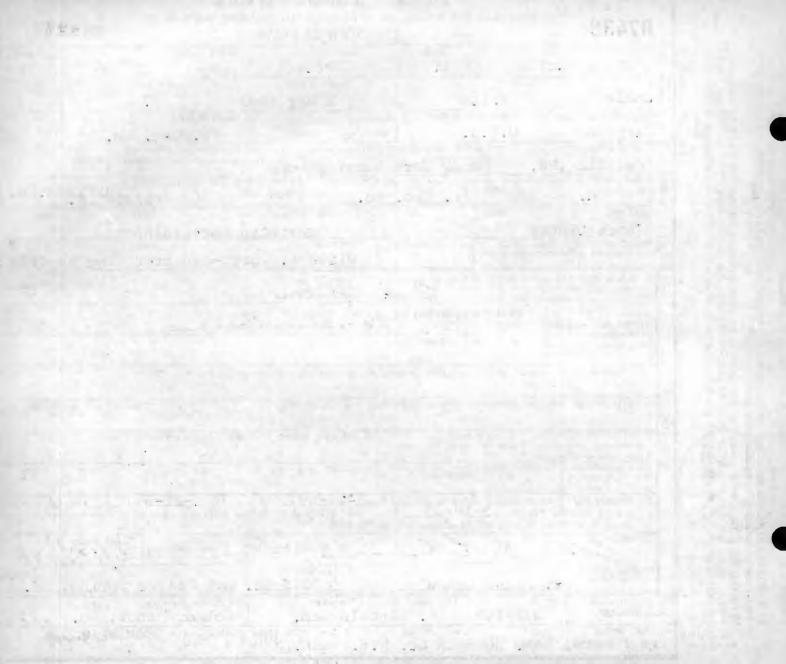


1	1		DIVISION OF V			'AKTMENT OF H 'ON STREET, BALTI		/IAND 2120	1	
	07436					E OF DEATH	mone, man	DAND 2120	0742	9
sd in by the feeting pers. Pogs. That I	Type or print)	First Ho	ward	Middle B.		indsor	20. DATE OF D	Month May 7	Doy Year	2b HOUR
S of the state of	3 SEX Male		4. RACE Whi	.te		ATE OF BIRTH 0 7- 28- 190 0		AGE (In years	IF UNDER 1 YEAR MONTHS DAY	
zers P	70 BIRTHPLACE (St country) Mai	ote or foreign yland	7b CITIZEN OF WHA U.S. A.		8 MARRIED N	EVER MARRIED DIVORCED	9 COUNTY OF D			
corban paper ent, within 72	10 CITY OR TOWN Chever]	У	givestr	ME OF HOSPITAL OR INS en dedress) Ge or	TITUTION (If not in b	Hosp during mg	occupation (in stof working lift lumbe	(ind of work do	one 12b KIND (INDUSTRY Plun	OF BUSINESS OR
e e e	13o. USUAL RESIDE odmission) STATE	ICE (Where deceos	ed lived, if institution	n Residence before Seorge 's	13c. GITY OR TOW Glen Dal	N .3d. INSIDE CITY LIV e YES NO	13e. STRE	ET AND NUMBER	lin Ave.	
in on	14. FATHER'S NAME	fisi Eugene	Middle	lost Winds		THERS MAIDEN NAME FI	nces	Mradio	Furgus	Lost
n pleos /al, and		EVER IN . S ARM	or or dates of service)	6b. SOCIAL SECURITY I	NO 17 INFOR		400	48th S	Ş,	
director, page 3 should be detached for use as the burial-tronsit permit. Then please remo should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any	Conditions, if rise to amme storing the ulost. PART 2 OTHE	ony, which gove diote couse (o), anderlying couse	DUE TO, OR AS (b) C DUE TO, OR AS (c) (c)	A CONSEQUENCE OF A CONSEQUENCE OF	2 les	lugado alcu TERMINAL DISEASE ORCO	2- 8	luch	otreet rs. Md. APPRI BETWEEN	IX MATE INTERVA. ONSET AND DEATH
Ilth prior	190 DATE OF CO	1-69 }	Mass U	HOPERATION WAS PEI	blest	Oa. AUTOPSY? YES NO 3	CAUSES O	F DEATH?	GS CONS DERED IN	CERTIFYING
t. of Hec	∃ □ OR CONTRIBUT	WAS UNDERLYING NG CAJSE OF DEATH fy medical examin	HOUR A.M. er) P.M.	MONTH DOY YEOT 19 THOME FARM, STREET, FAC FFICE BUILDING, ETC.		JURY OCCURRED (Enter N Street or R.F.D. No.	nature of injury			Stole Stole
the State Dep	While No	work ify that XIX (thing deceased at	s haspital) atten		ed franApril 9_69, and tha		· ·		County 1969 , this date and hau	
filed with	22b SIGNATUR 22d. PHISICIA	5.5.1	Banin	and the state of	O DEGREE		D RECTOR	STAFF C	22c. DATE SIGNED 5 - 7-	-15
TO FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detoched for use as the burial-tron should be filed with the State Dept. of Health prior to burial, crer	NAME (TO 230. BURIAL, CREM	pe) A. S.	Banisar,		EMETERY OR CREM	6323 Land	over Rd		erly, MD.	
Sho	Buttialispe	^(dy) 5/1	0/69	Ceda	r Hill		Suitla	nd	P. G.	(Stote) Md.
R AIS AND	E mo mo di	Caaahi	s Sons E	AUUKESS	a Mayer	250 RECD BY	9 19E	39 RESERVE	AR'S SIGNATURE	what



1	It		/69klmaryland state d		H 5115 A1661	
FOR STATE	Į	07437 DIVISION	OF VITAL RECORDS, 301 W. PRES	CERTIFICATE OF DEATH		7430
HEALTH DEPT.		DECEASED-NAME First	M ddie	Lost		
		(Type or Print) Ifene	М.	Witherspoon	OE CCTI	oy Year 25 HOUR .6 19696:00 M
delay is and 3 to M3. Page	3. 3		S. DATE OF BIRTH 6 AGE (in y	BOTS IF JNDER I YEAR IF JNDER 24 HRS	2c DATE PRONOUNCED DEAD	2d HOUR
P. and P.	F	'emale White	8-9-05 63	YRS DAYS HOURS MIN	Manth 5 Day 16	Year 1969 7:16
			CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED 9. CC	OUNTY OF DEATH	
s o o	<u> </u>	Penna.		WIDOWED DIVORCED	Prince Georg	re's Md.
after death Give Pages 1, Along with form with the State De eath.	3	CITY OR TOWN OF DEATH	QIVE STEEL ADDRESS			26 KIND OF BUSINESS OR
Sive P Sive P ng wi h the	-	xon Hill	give street address) Westf 1 ved. f institution: Residence before 130	city or town 138. INSIDE CITY OF TOWN 138. INSIDE CITY EITH TS?	of warking life, even if retired 1 11 - Find Inger New 13e STREET AND NUMBER	s Agency
2 with death		idm ssion) STATE Market al	AT COLUMN	Oxon Hilis W NO		77 - 1
Item 18.	14.	FATHER'S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME Firs	5200 Westfie	Lost
	П	Zachary	T. Miller	Jennie	*****	thouse
hun 24 nicil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FOR	TOO. SO CIME SECOND 110	17 INFORMANT		Hill, Md
wit per kan 72	,	Yes, no, at unknown) (if yes give war NO	or dates of service) 579 01 093	6 John S. Withe	rspoon 5200 We	
ling" in edical Es ermit Fi		IB. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED B	one cause per une for (a), (b), and (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
be executed "pending" in lief Medical E insit permit f event within		IMMEDIATE	(AUSE (a) Pulmonary e	dema and conges	tion	
be exe "pendi nief Me ansit pe		Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF			
auld b ward " he Chii ial-trar any e		rise to immediate cause (a), stoting the underlying cause ((b) Acute conge DUE TO, OR AS A CONSEQUENCE OF	stive heart fai	lure	
shauld be en ward "per a the Chief burial-transit in any ever		last.	W Hypertensiy	e cardiovascula	r discons	
a bund		PART 2 OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE OR CONDIT	ON GIVEN IN PART 1(a)	
is certificate shauld te, writing the ward farwarded to the Cl se used as a burial-tr	S					
0 = 5 - /	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH WAS PERFORMED?	OPERATION		20. AUTOPSY?
	ERTE	210 EXTERNAL CAUSE WAS	21b TIME OF INJURY Month, Day, Year	21c. HOW INJURY OCCURRED (Enter not	turn of in in in in Part 1 or Dark 2 Itan	YES NO
원 등 기원	MEDICAL C	PRIMARY OR CONTRIBUTING	HOUR A.M.	121c. NOW INSORT OCCURRED (EILIST TIG	title of Its Jry in Port 1 of Port 2, sien	1 15-7
A SES E	WED	CAUSE OF DEATH 21d. INJURY OCCURRED 21e, PLA	CE OF INJURY (At home, form, street,	21f. LOCATION Street or R F.D. No.	City or Town	Caunty State
CAM le # le 4 /aur age crem		WHILE NOT WHILE TOCTO	y, office building, etc.)		•	
DEPUTY DICAL EXAMINER: ressary, please execute the cert e funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should define the buriol, cremation.		22a. I certify that I tao	k charge of the remains described a	bove, held an Autapsy X, Ir	rspection , Inquiry ,	and in my apinian
o DEPUTY DICAS on necessary, please en the funeral director. S may be refained or FUNERAL DIRECTOR. Health @rior to bur			Natural causes X Accreent		Undetermined manner	
Trebitory, please and directions retained (AL DIREC	П	ACTUAL Michi	Malkey Ven	CHIEF MEDICAL EXAMI		
PY. Peral be r RAL		SIGNATURE	0 1 9 00000	M.D ASSISTANT MEDICAL EXAM		
recessary, the funero 5 may be 0 FUNERA Health		EXAMINER'S NAME (Type) Victo	or A. Fazekas, M		AINER K 5-17 Jown, or caunty Prince G	-69
TO DEPL necessa the fun 5 may 10 FUNE Health	230	BURIAL CREMATION 23h Di		TERY OR CREMATORY 23	b LOCATION (City or Town) (I	aunty) (State)
			19-69 Cedar	Hill Cemetery	Suitland, Md.	
Δ.	24.		ADDRESS OF	XXXXXXX 2So REC'D BY R		
VR A15ME (\$)	51	mmons Bros 160	SIGood Hope Rd S	E Wash DOPMAY 1	9 1969 112 000 0	of Cardalla .





	_	1	MARYLAND STATE DEPARTMENT OF HEALTH	
			17439 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	08101
			CERTIFICATE OF DEATH	07431
PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.	death.		Type or print) First O 4 Middle Middle Middle Month Day	2b. HOUR
	offer and a series	3. S	Male 106 6-9-1910 58 VBS	FUNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	4 haurs d in by sers. P 72 haurs	7a. '	BIRTHPLACE ISTUDE OF FOREIGN 7b. CITYZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED OF DIVORCED 1	o mal mi
	conted within 24 haur completely filled in by tave carban papers. P y event, within 72 hau	10,	CEN DEPTOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	e executed withing and completely fremove carbon nany event, with	13a. odm	USUAL RESIDENCE (When deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY CLOSED NO 72 - 13 of 1	19
	be exe n and c e rend d in any	14.	FATOERS NAME First Middle Lost Is MOTHER'S MAIDEN NAME FIRST MIDDLE TOURS OF THE PROPERTY OF T	lost
	physician (ten please aval, and i		Was Deceased EVER IN U.S. ARMED FORCES? Yes, no brusknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 213.24.863 details around the social service)	AboroM &
	equires that the death certificate be executed within 24 he physician. Signed by the attending physician and completely filled in burial-transit permit. Then please remove carbon papers. burial, crematian, ar removal, and in any event, within 72 h		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardine & Ruspiralay would.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	equires that the death ce physician. signed by the attending burial-transit permit. The burial, crematian, ar rem		Conditions, it any, which gove DUE TO, OR AS A CONSEQUENCE OF Melantation Can of Proplet al	
4	quires that physician. signed by t burial-trans burial, crem		rise to immediate cause (a), (stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c)	
9	requir ng phy en sign e buri to buri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Ahemia 27 for Mulignanical	
	The law attendines best or the prior	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
	pital ar pital ar tifficate d far u of Heal	MEDICAL CER	21a. ACCADENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, If HOW A.M. Month Doy Year 19 19 19 19 19 19 19 1	em 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re	s PHYS the has this cel detache e Dept.	ME	21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town	County State
	Page 4 may be retained by the haspital or attending To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defacted for use as the should be filed with the State Dept. of Health priar to		22a. I certify that (1) (this haspitol) attended the deceased fram, 19, 19, 19, 19, 19, and that in (my) (our) apinion death occurred on the dot causes stated abave, (J) (we) (did) (did not) view the body ofter deoth.	, that (I) (we) last te and hour ond fram the
	OR ATT ne retain IRECTO e 3 shared		COL COLUMNIA	ATE SIGNED
	FITAL OF The PRAIN PROPERTY PR		22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS	
	Foge 4 nr Co FUNER director, should b	230.	BURIAL CREMATION, 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d TOCATION (City or Town)	((aunty))(State)
	VR A15 (4) 45M = 1/69	24.	FUNERAL DIRECTOR PROPERTY OF ADDRESS ADDRESS 250, RECD BY REGISTRAR 25 REGISTRARS SECURITY OF ADDRESS	IGNATURE

